


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000005135</b> 1. Entity Name THIS HOUSE INC.	
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Principal Place of Business 504 SEMINOLE ST CLEARWATER, FL 33755	Mailing Address 504 SEMINOLE ST CLEARWATER, FL 33755
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**DO NOT WRITE IN THIS SPACE**



03142005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3235294	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  KAUTZ, STEPHEN 233 3RD ST. NORTH SAFETY HARBOR, FL 34695	<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ED KAUTZ, STEPHEN 233 3RD ST. NORTH SAFETY HARBOR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAUTZ, PAMELA C. 233 3RD ST. N. SAFETY HARBOR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BM WALLACE, AARON 324 3RD AVE. NORTH SAFETY HARBOR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BM MONTGOMERY, MICHAEL 1163 DREW STREET CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BM GULKIS, DENNIS 255 2ND AVENUE NORTH SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/16/05-80067-003 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Stephen Kautz STEPHEN KAUTZ 3/14/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #