


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90030 028 ***150.00

DOCUMENT # P01000009710	
1. Entity Name HOUSE TO HOME ENTERPRISES, INC.	

Principal Place of Business 23102 CLEARWATER PLACE LAND O'LAKES, FL 34639	Mailing Address 23102 CLEARWATER PLACE LAND O'LAKES, FL 34639
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2. Principal Place of Business - No P.O. Box # 5475 WILLIAMS Rd.	3. Mailing Address 5475 WILLIAMS Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04212008 Chg-P CR2E034 (12/06)

City & State TAMPA, FL	City & State TAMPA, FL
Zip 33610	Country HILLSBOROUGH
Zip 33610	Country HILLSBOROUGH

4. FEI Number 59-3696060	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BARBER, TIMOTHY 23102 CLEARWATER PLACE LAND O'LAKES, FL 34639	
7. Name and Address of New Registered Agent Name BARBER, TIMOTHY Street Address (P.O. Box Number is Not Acceptable) 5475 WILLIAMS Rd. City TAMPA FL Zip Code 33610	

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: Sandra Barber	DATE: 4/21/08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. BARBER, TIMOTHY 23102 CLEARWATER PLACE LAND O'LAKES, FL 34639 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARBER, TIMOTHY 5475 WILLIAMS Rd. TAMPA, FL 33610 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARBER, SANDRA 23102 CLEARWATER PLACE LAND O'LAKES, FL 34639 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARBER, SANDRA 5475 WILLIAMS Rd. TAMPA, FL 33610 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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: Sandra Barber	DATE: 4/21/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #