

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> P01000122430	
<b>1. Entity Name</b>	
HOUSE CONSULTANT INC	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 952 LAKE DESTINY RD		<b>3. Mailing Address</b> PO BOX 916403	
Suite, Apt. #, etc. STE F		Suite, Apt. #, etc.	
City & State ALTAMONTE SPRINGS, FL		City & State LONGWOOD, FL.	
Zip 32714	Country	Zip 32791-6403	Country

**DO NOT WRITE  
IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
Name HENRY L SARMIENTO	
Street Address (P.O. Box Number is Not Acceptable) 952 LAKE DESTINY RD STE F	
City ALTAMONTE SPRINGS	Zip Code 32714

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.

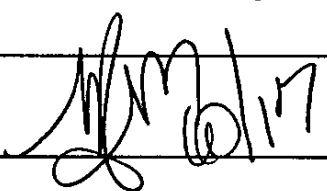
**SIGNATURE**

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

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** \$5.00 May Be  
Trust Fund Contribution. ☐ Added to Fees

<b>10. OFFICERS AND DIRECTORS</b>		<b>11.</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D. GAYNOR 952 LAKE DESTINY RD ALTAMONTE SPRINGS, FL. 32714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100060492081 10/11/05--01047--016 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b> 
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0626, 2005 (352) 753-8900 CPA

**FILED**

05 OCT 11 AM 9:58


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

*L.A. JONES LLC*  
CERTIFIED PUBLIC ACCOUNTING FIRM

MAILING ADDRESS  
P.O. BOX 1719  
LADY LAKE, FL 32158-1719

TELEPHONE (352) 753-8900 •  
FAX (352) 750-3344

  
PHYSICAL ADDRESS  
409 S. OLD DIXIE HWY.  
LADY LAKE, FL 32159

October 3, 2005

Florida Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

re: 2005 UBR for House Consultant Inc., EIN 80-0003733

To Whom It May Concern:

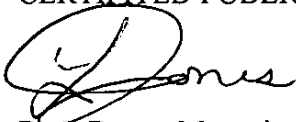
Enclosed is the 2005 UBR report for our client listed above. Our client was unaware they were late filed until they closed on a property and it was brought to their attention. Our records indicate we mailed the January notice requesting a UBR report to be mailed to our client. Our client states they never received the report and were unaware of their delinquent status.

Our client would have paid the fee when due if they had received the UBR report as requested. Due to the fact they never received the report as requested, it would be appreciated if you would waive the penalty and accept the \$150 payment included with this report as payment in full.

If you should have any questions regarding this matter, please contact this office at the address above.

Sincerely,

L.A. JONES LLC  
CERTIFIED PUBLIC ACCOUNTING FIRM



Dory Dyess, Managing Member