2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 8:00 am
Secretary of State
02-04-2008 90037 046 ***150.00

DOCUMENT # P01000122430

1. Entity Name

HOUSE CONSULTANT INC.

Principal Place of Business

952 LAKE DESTINY RD
STE F
ALTAMONTE SPRINGS FL 32714

Mailing Address

P.O. BOX 916403
LONGWOOD FL 32791-6403

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #: 153 E Lake Brantly Dr

Suite, Apt. #, etc.

City & State: Longwood

Zip: 32779 Country: Seminole

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number: 80-0003733 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SARMIENTO, L. HENRY
952 LAKE DESTINY RD
STE F
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name: Bob Bender

Street Address (P.O. Box Number is Not Acceptable): 153 W. E Lake Brantly Dr

City: Longwood FL Zip Code: 32779

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] 01-25-08

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: Secty. / President NAME: Mary Ann Gaynor STREET ADDRESS: 153 E Lake Brantly Dr CITY-ST-ZIP: Longwood Fla 32779	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Mary Ann Gaynor 1-25-08 407-862-9382

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #