


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2004 08:00 AM
Secretary of State**

DOCUMENT # P02000105450 1. Entity Name HOUSE HEROS, INC.	
---	---

Principal Place of Business 213 INVERNESS WAY WINTER HAVEN, FL 33881	Mailing Address 213 INVERNESS WAY WINTER HAVEN, FL 33881
--	--



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2301459	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHOUTEN, ROBERT 213 INVERNESS WAY WINTER HAVEN, FL 33881
--

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

UN00000134287
04/28/04-80012-016 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHOUTEN, ROBERT 213 INVERNESS WAY WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHOUTEN, DONNA 213 INVERNESS WAY WINTER HAVEN, FL 33881
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	

**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)(f), 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: Robert Schouten Robert Schouten 4/26/04 (883) 293-6962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #