

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000058475

Entity Name: HOUSECOATS, INC.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

215 E WASHINGTON ST
MINNEOLA, FL 34715

New Principal Place of Business:

Current Mailing Address:

215 E WASHINGTON ST
MINNEOLA, FL 34715

New Mailing Address:

FEI Number: 84-1644827

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JORDAN, EDWARD P
604 NORTH HIGHWAY 27
MINNEOLA, FL 34715 US

Name and Address of New Registered Agent:

JONES, LISA A
215 E. WASHINGTON ST
MINNEOLA, FL 34715 US

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.

SIGNATURE: LISA JONES

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: JONES, JOHN R
Address: %215 E WASHINGTON ST
City-St-Zip: CLERMONT, FL 34711

Title: VP/T () Delete
Name: JONES, LISA
Address: 215 EAST WASHINGTON STREET
City-St-Zip: CLERMONT, FL 34715

Title: S () Delete
Name: ROBERTSON, SHAWN
Address: 215 EAST WASHINGTON STREET
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: JONES, JOHN R
Address: 215 E WASHINGTON ST
City-St-Zip: CLERMONT, FL 34711

Title: VP/T (X) Change () Addition
Name: JONES, LISA
Address: 215 EAST WASHINGTON STREET
City-St-Zip: MINNEOLA, FL 34715

Title: S (X) Change () Addition
Name: ROBERTSON, SHAWN
Address: 215 EAST WASHINGTON STREET
City-St-Zip: MINNEOLA, FL 34715

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN JONES

D/P

04/30/2008

Electronic Signature of Signing Officer or Director

Date