

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90083 001 ***150.00

DOCUMENT # P04000111363

1. Entity Name

CROUSE HOUSE, INC.



Principal Place of Business

645 FIRST AVENUE NORTH
NAPLES FL 34102
US

Mailing Address

645 FIRST AVENUE NORTH
NAPLES FL 34102
US



2. Principal Place of Business

1245 1ST AVE NO.
Suite, Apt. #, etc.

3. Mailing Address

1245 1ST AVE NO.
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

NAPLES FL

City & State

NAPLES, FL

4. FEI Number

20-1509961

Applied For

Not Applicable

Zip

34102

Country

COLORED

Zip

34102

Country

32104

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, JOEL
720 GOODLETTE RD N # 203
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Diana E. Crouse DIANA E. CROUSE PRES.

DATE

1/24/06

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

TITLE P ☐ Delete
NAME CROUSE, DIANA
STREET ADDRESS 2091 SE 24TH BLVD
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE V ☐ Delete
NAME CROUSE, WILLIAM H
STREET ADDRESS 2091 SE 24TH BLVD
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Diana E. Crouse DIANA E. CROUSE

Date

Daytime Phone #

501-
1-3406 214-
1400