

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000111363

Entity Name: CROUSE HOUSE, INC.

FILED
Apr 25, 2007
Secretary of State

Current Principal Place of Business:

645 FIRST AVENUE NORTH
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

645 FIRST AVENUE NORTH
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 20-1509961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CROUSE, DIANA
Address: 2091 SE 24TH BLVD
City-St-Zip: OKEECHOBEE, FL 34974

Title: V () Delete
Name: CROUSE, WILLIAM H
Address: 2091 SE 24TH BLVD
City-St-Zip: OKEECHOBEE, FL 34974

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CROUSE, DIANA
Address: 645 1ST AVENUE NORTH
City-St-Zip: NAPLES, FL 34102

Title: V (X) Change () Addition
Name: CROUSE, WILLIAM H
Address: 645 1ST AVENUE NORTH
City-St-Zip: NAPLES, FL 34102

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: DIANA E CROUSE

PRES

04/25/2007

Electronic Signature of Signing Officer or Director

Date