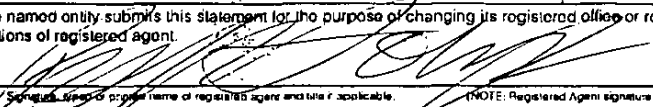
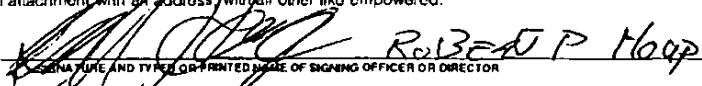


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/1

FILED
Jun 13, 2007 8:00 am
Secretary of State

05-14-2007 90083 013 ***150.00

DOCUMENT # P06000006296 1. Entity Name ROBERT HOUP, INC.			
Principal Place of Business P.O. BOX 1357 INVERNESS FL 34436		Mailing Address P.O. BOX 1357 INVERNESS FL 34436	
2. Principal Place of Business - No P.O. Box # 9805 S ISHTACHATTA		3. Mailing Address Suite, Apt. #, etc.	
City & State FLORAL CITY FL		City & State Suite, Apt. #, etc.	
Zip 34436		Country USA	
4. FEI Number		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERT, HOUP 9805 S. ISHTACHATTA ROAD FLORAL CITY FL 34436		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 		DATE 6/11/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PRES ROBERT P., HOUP P.O. BOX 1357 INVERNESS FL 34450	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TREA ROBERT, HOUP P.O. BOX 1357 INVERNESS FL 34450	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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: 		Date 4-24-07	
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT P HOUP		Central Phone # 427-4623	