

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000014640

Entity Name: OUR HOUSING SOLUTIONS INC

FILED  
Mar 30, 2009  
Secretary of State

## Current Principal Place of Business:

443 SEAWORTHY RD  
N. FT. MYERS, FL 33903

## New Principal Place of Business:

## Current Mailing Address:

443 SEAWORTHY RD  
N. FT. MYERS, FL 33903

## New Mailing Address:

FEI Number: 26-1922450

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STRYKER, ROBERT  
443 SEAWORTHY RD  
N. FT. MYERS, FL 33903 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: STRYKER, ROBERT  
Address: 443 SEAWORTHY RD  
City-St-Zip: N. FT. MYERS, FL 33903

Title: VP ( ) Delete  
Name: PARRISH, MYRON  
Address: 16083 ST JOHNS CIRCLE  
City-St-Zip: N. FT. MYERS, FL 33903

Title: ST (X) Delete  
Name: KRATER, CLETUS A JR  
Address: 19 N DEL PRADO BLVD  
City-St-Zip: CAPE CORAL, FL 33903

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: STRYKER, ROBERT  
Address: 443 SEAWORTHY RD  
City-St-Zip: N. FT. MYERS, FL 33903

Title: VPS (X) Change ( ) Addition  
Name: PARRISH, MYRON  
Address: 16083 ST JOHNS CIRCLE  
City-St-Zip: N. FT. MYERS, FL 33903

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT A STRYKER

P

03/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date