

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90007 002 \*\*\*150.00

**DOCUMENT # P92000007960**

1. Entity Name

THE HOUSE FACE-LIFTERS INC.



Principal Place of Business

P O BOX 2055  
BRANDON FL 33509

Mailing Address

P O BOX 2055  
BRANDON FL 33509

2. Principal Place of Business

204 PAULS DR.

3. Mailing Address

Suite, Apt. #, etc.

City & State

BRANDON, FLA

City & State

Zip

33511

Country

UNITED STATES

Country

4. FEI Number 59-3067676

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAAMONDE, JOSEPH  
1306 BRANDONWOOD DRIVE  
BRANDON FL 33510

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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 BAAMONDE, JOSEPH  
STREET ADDRESS 1306 BRANDONWOOD DR  
CITY-ST-ZIP BRANDON FL 33510

TITLE ST ☐ Delete  
NAME HEYER, CARL  
STREET ADDRESS 3021 JOHN MOORE RD  
CITY-ST-ZIP BRANDON FL 33511

TITLE P ☐ Delete  
NAME BAAMONDE, JOSEPH  
STREET ADDRESS 1306 BRANDONWOOD DRIVE  
CITY-ST-ZIP BRANDON FL

TITLE V.P. ☐ Delete  
NAME TIMOTHY SCHREIBER  
STREET ADDRESS 204 PAULS DR.  
CITY-ST-ZIP BRANDON, FLA. 33511

TITLE V.P. ☐ Delete  
NAME ROSS LAMOREAUX  
STREET ADDRESS 204 PAULS DR.  
CITY-ST-ZIP BRANDON, FLA. 33511

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  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 exemption stated in Section 119.07(3)(i), 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: *Carl Heyer* CARL HEYER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-04 8136613301

Date

Daytime Phone #