



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90026 044 ***150.00

DOCUMENT # P93000070811 1. Entity Name HOUSECO CORPORATION					
Principal Place of Business 1100 LINTON BLVD SUITE C9 DELRAY BEACH, FL 33444 US			Mailing Address 1000 MARKET ST BLDG 1 PORTSMOUTH, NH 03801 US		
2. Principal Place of Business 1001 E. Atlantic Ave Suite, Apt. #, etc. Suite 202 City & State Delray Beach, FL Zip 33483 Country US		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
03172004 Chg-P CR2E034 (10/03)				4. FEI Number 65-0442851	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD WALSH, MARK 1100 LINTON BLVD STE C9 DELRAY BEACH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1001 E. Atlantic Ave Delray Beach, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALSH, WILLIAM 1000 MARKET ST BLDG 1 PORTSMOUTH, NH 03801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALSH, MICHAEL 1100 LINTON BLVD STE C9 DELRAY BEACH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1001 E. Atlantic Ave Delray Beach, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRITCHFIELD, RICHARD H 1100 LINTON BLVD STE C4 DELRAY BEACH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1001 E. Atlantic Ave Delray Beach, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>William Walsh</u> <u>3/17/04</u> <u>(561) 279-9900</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					