

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000070811**

1. Entity Name  
HOUSECO CORPORATION



Principal Place of Business      Mailing Address  
1001 E. ATLANTIC AVE      1000 MARKET ST  
SUITE 202      BLDG 1  
DELRAY BEACH, FL 33483 US      PORTSMOUTH, NH 03801 US



01042005      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
65-0442851      Not Applicable

5. Certificate of Status Desired      ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 S PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing      \$5.00 May Be  
Trust Fund Contribution.      ☐ Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE      PD  
NAME      WALSH, MARK  
STREET ADDRESS      1001 E. ATLANTIC AVE  
CITY-ST-ZIP      DELRAY BEACH, FL 33483

TITLE      VD  
NAME      WALSH, WILLIAM  
STREET ADDRESS      1000 MARKET ST BLDG 1  
CITY-ST-ZIP      PORTSMOUTH, NH 03801

TITLE      VD  
NAME      WALSH, MICHAEL  
STREET ADDRESS      1001 E. ATLANTIC AVE  
CITY-ST-ZIP      DELRAY BEACH, FL 33483

TITLE      S  
NAME      CRITCHFIELD, RICHARD H  
STREET ADDRESS      1001 E. ATLANTIC AVE  
CITY-ST-ZIP      DELRAY BEACH, FL 33483

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000332228  
04/26/05-80050-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Mark Walsh*      Mark Walsh      2/24/05      (561) 279-9992  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #