

2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-08-2005 90026 049 ***150.00
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DOCUMENT # P94000088019					
1. Entity Name HOUSE HEALERS, INC.					
Principal Place of Business 13302 MORAN DR. TAMPA, FL 33618			Mailing Address 13302 MORAN DR. TAMPA, FL 33618		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-3289160				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAYGOOD, JAMES G 13302 MORAN DR. TAMPA, FL 33618			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 <u>James A. Haygood</u> DATE <u>7/14/05</u>					
NOTE: Registered Agent signature required when resigning.					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPST	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HAYGOOD, JAMES G		NAME		
STREET ADDRESS	13302 MORAN DR.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	CORDONA, CRISTIAN		NAME		
STREET ADDRESS	3024 VILLA ROSA PARK		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33611		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>James A. Haygood</u> DATE <u>7/14/05</u> (813) 908-6701					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					