



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90018 042 \*\*\*150.00

<b>DOCUMENT # P95000008455</b> 1. Entity Name HOUSE OF REPTILES, INC.					
Principal Place of Business 5419 BEACH BLVD JACKSONVILLE, FL 32207 US			Mailing Address 2935 HERITAGE TRL JACKSONVILLE, FL 32257		
2. Principal Place of Business 5519 Beach Blvd.		3. Mailing Address 2005 Mariposa Vista Ln.			
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc. #135		03082005 Chg-P CR2E034 (10/03)	
City & State Jacksonville, FL 32207		City & State Saint Augustine, FL		4. FEI Number 59-3291512	
Zip 32207		Zip 32084		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHARP, VIRGINIA K 2935 HERITAGE TRL JACKSONVILLE, FL 32257				7. Name and Address of New Registered Agent Name Virginia K Sharp Street Address (P.O. Box Number is Not Acceptable) 2005 Mariposa Vista Ln #135 City Saint Augustine, FL Zip Code 32084	
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 Virginia K. Sharp DATE 3-8-2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			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	PVSD SHARP, VIRGINIA 2935 HERITAGE TRAIL JACKSONVILLE, FL 32757 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD Benjamin M. Sharp <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 901 Ocean Blvd #44 Atlantic Beach, FL 32233	
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	
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: Ben Sharp			4-4-05 904-348-2050 <small>Date Daytime Phone #</small>		