

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90006 035 \*\*\*150.00

**DOCUMENT # P96000071704**

1. Entity Name

MOTHER'S HOUSE, INC.



Principal Place of Business

2260 S. FRONT STREET NO. 307  
MELBOURNE FL 32901

Mailing Address

2260 S. FRONT STREET NO. 307  
MELBOURNE FL 32901

2010 Waverly Place 2010 Waverly

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Melbourne

City & State

Florida

Zip

32901

Country

USA

Suite, Apt. #, etc.

Melbourne

City & State

Florida

Zip

32901

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3399710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FADDEN, WILLIAM E  
3260 S FRONT ST #307  
MELBOURNE FL 32901

Name

Street Address (P.O. Box Number is Not Acceptable)

2260 S. FRONT ST

Melbourne

City

FL

Zip Code

32901

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, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**After May 1, 2006 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 PD  
NAME FADDEN, WILLIAM E  
STREET ADDRESS 2260 SOUTH FRONT ST STE 307  
CITY-ST-ZIP MELBOURNE FL 32901 ☐ Delete

TITLE DS  
NAME PINDER, ALICE F  
STREET ADDRESS 4955 DIXIE HWY #301  
CITY-ST-ZIP PALM BAY FL 32905 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-06