FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000047567



FILED Jan 07, 2004 8:00 am Secretary of State 01-07-2004 90027 034 ***150.00

Spouses Selling Houses, Inc.				01 07 200130027 031	130.00
	DO NOT WRITE	IN THIS S	PACE	. 34400194	
Principal Place of Business Marker Road		Mailing Address 133 Marker Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State Rotonda West, Florida		City & State Rotonda West, Florida		65.0707096	Applied For Not Applicable
Zip . 33947	Country USA	Zip 33947	Country USA	5. Certificate of Status Desired Security \$8.75 Acres Required	
DO NOT WRITE IN THIS SPACE Name and Address of Current Registered Agent Name John F. Mahaun					
the obligations of registered agent. SIGNATURE Signature, nyplotor shed name of registered agent and the frapplicable. January 1 May 1 Feb. is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees					
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	President John F. Mahaun 133 Marker Road Rotonda West, FL 33947 Vice President Krystyna M. 133 Marker Road	DIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		CR2E034B (12/02)
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rotonda West, FL 33947 Treasurer John F. Mahaun		STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE	/
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Krystyna M. Mah 133 Marker Road Rotonda West, FL 33947	aun	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby of indicated of the core attachments	certify that the information supplied with on this report or supplemental report is poration of the receive or trustee emp nt with an address, with all other like em	this filing does not qualify to true and accurate and that owered to execute this repo powered.	r the exemption stated in my signature shall have th rit as required by Chapter	Section 119.07(3)(i), Florida Statutes, I further certify that the e same legal effect as if made under oath; that I am an office 607, Florida Statutes; and that my name appears in Block 1	information er or director 0 or on an

SIGNATURE:

John F. M

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

John F. Mahaun/President

115/04

941-626-2500