

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90105 009 \*\*\*150.00

**DOCUMENT # P98000025655**

1. Entity Name

FUNHOUSE PRODUCTS, INC.



Principal Place of Business

31 ROCLAIR AVENUE  
ORLANDO FL 32804

Mailing Address

31 ROCLAIR AVENUE  
ORLANDO FL 32804

50050543



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

1308 Georgia Blvd.

3. Mailing Address

1308 Georgia Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL 32803

City & State

Orlando, FL

4. FEI Number

59-3505348

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SIBLEY, SALLY  
209 FARRINGTON LANE  
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**After May 1, 2005 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 D ☐ Delete  
NAME HYRONS, HOPE  
STREET ADDRESS 31 ROCLAIR AVE.  
CITY-ST-ZIP ORLANDO FL 32804

TITLE D ☐ Delete  
NAME SCHWARTZMAN, DAVID  
STREET ADDRESS 31 ROCLAIR AVE.  
CITY-ST-ZIP ORLANDO FL 32804

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☐ Addition  
NAME Hyrons, Hope  
STREET ADDRESS 1308 Georgia Blvd.  
CITY-ST-ZIP Orlando, FL 32803

TITLE D ☐ Change ☐ Addition  
NAME Schwartzman, David  
STREET ADDRESS 1308 Georgia Blvd.  
CITY-ST-ZIP Orlando, FL 32803

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

Hope Y. Hyrons

04.29.2005

4078966101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #