

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90004 004 ***150.00

DOCUMENT # P98000025655

1. Entity Name

FUNHOUSE PRODUCTS, INC.



Principal Place of Business

1308 GEORGIA BLVD
ORLANDO FL 32803

Mailing Address

1308 GEORGIA BLVD
ORLANDO FL 32803

2. Principal Place of Business

3. Mailing Address

127 W. Fairbanks Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#420

City & State

City & State

Winter Park, FL

Zip

Country

Zip

32789

Country

USA

1st MOORE

CR2E034 (10/05)

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

7. Name and Address of New Registered Agent

SIBLEY, SALLY
209 FARRINGTON LANE
KISSIMMEE FL 34744

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME HYRONS, HOPE
STREET ADDRESS 1308 GEORGIA BLVD
CITY-ST-ZIP ORLANDO FL 32803

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

TITLE D ☐ Delete
NAME SCHWARTZMAN, DAVID
STREET ADDRESS 1308 GEORGIA BLVD
CITY-ST-ZIP ORLANDO FL 32803

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

Hope Y. Hyrons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.27.06

407.896.6101

Date

Daytime Phone #