2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # P98000108384

1. Entity Name

THE WIRE HOUSE, INC.

FILED

Mar 21, 2007 08:00 AM

Secretary of State

Principal Place of Business	Mailing Address
1819 ROGERO RD. JACKSONVILLE FL 32211	PO BOX 15002 JACKSONVILLE FL 32239

1st MOORE   CR2E034 (10/06)

2. Principal Place of Business - No P O. Box #	3. Mailing Address	4. FEI Number 59-3466359	Applied For
			Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc		
City & State	City & State	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STARKEY, EVLYN 1819 ROGERO RD. JACKSONVILLE FL 32211	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, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	VP STARKEY, JACK F 1819 ROGERO RD. JACKSONVILLE FL 32211	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STARKEY, EVLYN 1819 ROGERO RD. JACKSONVILLE FL 32211	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000674365 03/29/07-80067-018 150.00	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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: _Evlyn D. Starkey_ EVLYN D. STARKEY   3/19/07   904-762-0320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #