

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90014 035 \*\*\*150.00

**DOCUMENT # P99000037551**

1. Entity Name  
**HOUSEWARES UNLIMITED, INC.**



Principal Place of Business  
**112 MANGO TREE DRIVE  
EDGEWATER, FL 32132**

Mailing Address  
**PO BOX 1330  
EDGEWATER, FL 32132**

**40098116**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07032006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**59-3576165**

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

~~GORNT, L.A. JR, ESQ  
149-F SOUTH RIDGEWOOD AVE.  
DAYTONA BEACH, FL 32114~~

Name **Lindsey H. Dunaway**  
Street Address (P.O. Box Number is Not Acceptable) **139 Mangrove Estates Circle**

City **NEW SMYRNA BEACH FL** Zip Code **32168**

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 **LINDSEY H. DUNAWAY President** *Lindsey H. Dunaway* **7-06-06**  
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  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete  
NAME **DUNAWAY, LINDSEY H**  
STREET ADDRESS **5300 S ATLANTIC AVE APT 5002**  
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE **PSTD** ☒ Change ☐ Addition  
NAME **DUNAWAY, Lindsey H**  
STREET ADDRESS **139 mangrove Estates Circle**  
CITY-ST-ZIP **New Smyrna Beach, FL 32168**

TITLE **S** ☐ Delete  
NAME **DUNAWAY, JEANETTE D**  
STREET ADDRESS **5300 S ATLANTIC AVE APT 5002**  
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE **S** ☒ Change ☐ Addition  
NAME **DUNAWAY, Jeanette D.**  
STREET ADDRESS **139 mangrove Estates Circle**  
CITY-ST-ZIP **New Smyrna Bch, FL 32168**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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 exemptions contained in Chapter 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.

*Jeanette Darnell Dunaway*