

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000044329

1. Entity Name

HOUSE'S TRANSPORTATION, INC.



FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90005 025 ***150.00

Principal Place of Business

5777 COUNTRYSIDE DR.
TALLAHASSEE, FL 32311

Mailing Address

5777 COUNTRYSIDE DR.
TALLAHASSEE, FL 32311

2. Principal Place of Business

2494 HEATHROW DR.

3. Mailing Address

2494 HEATHROW DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08262004

Chg-P

CR2E034 (10/03)



City & State

TALLAHASSEE, FL.

City & State

TALLAHASSEE, FL.

4. FEI Number

59-3578415

Applied For

Not Applicable

Zip

32312

Country

U.S.A.

Zip

32312

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOUSE, DARYL
5777 COUNTRYSIDE DR.
TALLAHASSEE, FL 32311

7. Name and Address of New Registered Agent

Name

HOUSE, DARYL

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

2494 HEATHROW DR.

City

TALLAHASSEE

FL

Zip Code

32312

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
Due by September 8, 2004

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

TITLE P
NAME HOUSE, DARYL
STREET ADDRESS 5777 COUNTRYSIDE DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32311

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Daryl House

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/04 (229)672-0342

Date

Daytime Phone #