

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 29, 2004 8:00 am
Secretary of State

04-26-2004 90990 031 ***150.00

DOCUMENT # L61992

1. Entity Name
HAUSYS', INC.



Principal Place of Business
**4446 HENDRICKS AVE
 JACKSONVILLE FL 32207
 US**

Mailing Address
**156 TURTLE COVE CT.
 S. PONTE VEDRA BCH. FL 32082
 US**
10 Watermill Place

66429199



MOORE CR2E034 (11/03)

2. Principal Place of Business
554 W. MAIN ST.

3. Mailing Address
2601 ALEXIS WAY

Suite, Apt. #, etc.
SUITE A

Suite, Apt. #, etc.

City & State
BULFORD GA

City & State
*PALM COAST FL
~~MONROE GA~~*

4. FEI Number **59-3002534** Applied For
 Not Applicable

Zip *32518* Country *GEORGETIA*

Zip *32164* Country *FLAGLER ADALTON*

6. Name and Address of Current Registered Agent
**HAUSY, AIMEE JO
 156 TURTLE COVE CT.
 S. PONTE VEDRA BCH. FL 32082**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)
2601 ALEXIS WAY 10 WATERMILL PL

City *PALM COAST FL* ~~*MONROE GA*~~ Zip Code *32164* ~~*30656*~~

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 *Aimee Jo Hausy* DATE *04-21-04*

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	V HAUSY, WILFRIED 156 TURTLE COVE CT. S PONTE VEDRA BCH FL 32082	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAUSY, AIMEE JO 156 TURTLE COVE CT. S PONTE VEDRA BCH FL 32082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P - VP - SEC - TREAS. 2601 ALEXIS WAY 10 WATERMILL PL MONROE GA 30656 PALM COAST FL 32164	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Aimee Jo Hausy* DATE: *04-21-04* 770-266-2938

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

Attachment
66429199
L61992
Hausys' Inc.
10 Watermill Place
Palm Coast, FL 32164

June 23, 2004

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Hausys' Inc. Federal Tax ID: 59-3002535
Reference Number: L61992

Dear Service Representative:

On May 11, 2004 I received notification from you stating that the registered agent must have a Florida street address which was originally sent with a Georgia address.

Shortly after receiving this notification, I sent a letter giving a Florida address of 10 Watermill Place, Palm Coast, FL 32164. I have not received anything to date from you indicating this change. I enclosed a copy of the annual report form showing the changes made. I only have the original one and am sending this off to you to make sure the changes have been made.

Sincerely,



Aimee Jo Hausy,
Hausys' Inc.