

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001843

Entity Name: HUSE INCORPORATED

FILED  
Jan 04, 2005  
Secretary of State

**Current Principal Place of Business:**

1803 NORTH COLLEGE AVE  
BLOOMINGTON, IN 47404 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 98  
BLOOMINGTON, IN 474020098 US

**New Mailing Address:**

FEI Number: 35-1904041      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HUSE, STEPHEN M  
3671 BAYOU CIRCLE  
LONG BOAT KEY, FL 34228 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CSD ( ) Delete  
Name: HUSE, STEPHEN M  
Address: 1803 NORTH COLLEGE AVE  
City-St-Zip: BLOOMINGTON, IN 47404 US

Title: PD ( ) Delete  
Name: BROWNE, THOMAS R  
Address: 1803 NORTH COLLEGE AVE  
City-St-Zip: BLOOMINGTON, IN 47404 US

Title: VTD ( ) Delete  
Name: HUSE, CRAIG S  
Address: 1803 NORTH COLLEGE AVE  
City-St-Zip: BLOOMINGTON, IN 47404 US

Title: AS ( ) Delete  
Name: CHAPMAN, GARY L  
Address: 1803 NORTH COLLEGE AVE  
City-St-Zip: BLOOMINGTON, IN 47404 US

Title: D (X) Delete  
Name: WASHBURN, JAMES  
Address: 1803 NORTH COLLEGE AVE  
City-St-Zip: BLOOMINGTON, IN 47404 US

Title: D (X) Delete  
Name: HENTCHEL, GARY  
Address: 1803 NORTH COLLEGE AVE  
City-St-Zip: BLOOMINGTON, IN 47404 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS R. BROWNE

PD

01/04/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date