


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-29-2004 90507 001 ***300.00

DOCUMENT # 828498

1. Entity Name
 H.P. HOOD & SONS, INC.



Principal Place of Business
 90 EVERETT AVE
 SUITE 200
 CHELSEA, MA 02150 US

Mailing Address
 90 EVERETT AVE
 SUITE 200
 CHELSEA, MA 02150 US

66416953

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04232004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
 04-2507140

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent
 PRENTICE-HALL CORPORATION SYSTEM, INC.
 110 NORTH MAGNOLIA STREET
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	BRESTEN, THERESA	
STREET ADDRESS	25 ZACHARY LANE	
CITY-ST-ZIP	READING, MA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KANEB, JOHN A.	
STREET ADDRESS	34 MASCONOMO ST	
CITY-ST-ZIP	MANCHESTER, MA	
TITLE	S	<input type="checkbox"/> Delete
NAME	BEATTY, PAUL	
STREET ADDRESS	62 BEACON ST	
CITY-ST-ZIP	BOSTON, MA 02108	
TITLE	D	<input type="checkbox"/> Delete
NAME	KANEB, GARY	
STREET ADDRESS	12 SMITH'S POINT RD	
CITY-ST-ZIP	MANCHESTER, 01	
TITLE	D	<input type="checkbox"/> Delete
NAME	KANEB, STEPHEN	
STREET ADDRESS	72 HIGHLAND RD	
CITY-ST-ZIP	SOUTH HAMPTON, NH	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul C Nightingale	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5 BORTLETT ST	
CITY-ST-ZIP	Norblehead MA 01945	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Theresa Bresten **4-26-04**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #