


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90099 003 ***150.00

DOCUMENT # P97000017590

1. Entity Name
H J ASSOCIATES, INC.



Principal Place of Business Mailing Address

**4930 60TH AVENUE SOUTH
ST. PETERSBURG FL 33715
US**

**4930 60TH AVENUE SOUTH
ST. PETERSBURG FL 33715
US**

2. Principal Place of Business 3. Mailing Address

6223 BOBBY JONES COURT 6223 BOBBY JONES COURT

Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State City & State

PALMETTO FL PALMETTO FL

Zip Country Zip Country

34221 USA 34221 USA

50050248



1st MOORE CR2E034 (10/04)

4. FEI Number Applied For

59-3445225 Not Applicable

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

6. Name and Address of Current Registered Agent

**BARRETT, HAROLD C
4930 60TH AVENUE SOUTH
ST PETERSBURG FL 33715**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

6223 BOBBY JONES COURT

City State Zip

PALMETTO FL 34221

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 **Harold C Barrett** DATE **4/28/05**

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
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	BARRETT, HAROLD C	
STREET ADDRESS	4930 60TH AVENUE S.	
CITY-ST-ZIP	ST PETERSBURG FL 33715	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DANDO, JERE D	
STREET ADDRESS	3103 FOX DEN LANE	
CITY-ST-ZIP	OAKTON VA 22124	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARRETT, JOYCE A	
STREET ADDRESS	4930 60TH AVENUE S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33715	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAROLD C. BARRETT	
STREET ADDRESS	6223 BOBBY JONES COURT	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT JOYCE A	
STREET ADDRESS	6223 BOBBY JONES COURT	
CITY-ST-ZIP	PALMETTO FL 34221	
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: **Harold C Barrett Pres** DATE: **4/28/05** DAYTIME PHONE #: **941-723-0325**

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