2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

SIGNATURE:

## Feb 27, 2006 8:00 am Secretary of State **DOCUMENT # 187944** 1. Entity Name 02-27-2006 90086 014 \*\*\*150.00 HI-HO, CORP. 9035 NE 12TH TERR OAKLAND PARKEL 3035 NE 12TH TERRACE OAKLAND PARK FL 283 3020 N Federal Hwy 3020 N Federal HMY 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number auderdale 59-0995489 Not Applicable \$8.75 Additional 5. Certificate of Status Desired U3A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HITTEL, ROBERT 2600 NE 29TH CT Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL. 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 Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D۷ ☐ Delete TITLE ☐ Change Addition NAME HITTEL, CHRISTOPHER M NAME STREET ADDRESS 7800 SEVILLE CIRCLE STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST-ZIP ☐ Delete TILE DT TITLE Change ☐ Addition NAME HITTEL, ROBERT A STREET ADDRESS STREET ADDRESS 2625 NE 23RD ST CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition THILE HITTEL, ROBERT NAME STREET ADDRESS 2600 NE 29TH CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Defete Change ☐ Addition TITLE TITLE O'CONNOR, KATHLEEN NAME NAME STREET ADDRESS 2600 NE 29TH CT STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED