


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90210 025 \*\*\*150.00

**DOCUMENT # 310024**

1. Entity Name  
**F & H OFFICE MACHINES CORPORATION**



Principal Place of Business <b>2870 UNIVERSITY BLVD, W          SUITE 204          JACKSONVILLE FL 32217          US</b>	Mailing Address <b>2870 UNIVERSITY BLVD, W          SUITE 204          JACKSONVILLE FL 32217          US</b>
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2. Principal Place of Business - No P.O. Box # <b>4304 PLYMOUTH ST.</b>	3. Mailing Address <b>4304 PLYMOUTH ST.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State <b>JACKSONVILLE FL</b>	City & State <b>JACKSONVILLE FL.</b>	4. FEI Number <b>59-1150940</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32205</b>	Country <b>USA</b>	Zip <b>32205</b>	Country <b>USA</b>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>LEONARD CONNELL          2870 UNIVERSITY BLVD W          SUITE 204          JACKSONVILLE FL 32217</b>		7. Name and Address of New Registered Agent Name <b>F&amp;H OFFICE MACHINES CORP.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4304 PLYMOUTH ST</b> City <b>JACKSONVILLE FL</b> Zip Code <b>32205</b>	
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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. (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD CONNELL, LEONARD L. <input type="checkbox"/> Delete 17070 WELLS RD JACKSONVILLE FL 32234	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VPST CONNELL, ROBERTA L. <input type="checkbox"/> Delete 17070 WELLS RD JACKSONVILLE FL 32234	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"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	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 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.

SIGNATURE: *X Leonard Connell* **X 4/12/07** **904-387-5498**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #