

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90578 010 \*\*\*150.00

**20036991**



03262005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # 368385</b> 1. Entity Name <b>H. &amp; H. ENDEAVORS, INC.</b>			
Principal Place of Business <b>2917 S OCEAN BLVD PH 1105 HIGHLAND BEACH, FL 33487</b>		Mailing Address <b>2917 S OCEAN BLVD PH 1105 HIGHLAND BEACH, FL 33487 US</b>	
2. Principal Place of Business <b>6600 W. Rogers Circle Suite #11</b>		3. Mailing Address <b>6600 W. Rogers Circle Suite #11</b>	
City & State <b>Boca Raton, FL.</b>		City & State <b>Boca Raton, FL.</b>	
Zip <b>33487</b> Country		Zip <b>33487</b> Country	
4. FEI Number <b>59-1354924</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SHELLER, HARVEY E 1200 CLINT MOORE ROAD SUITE 10 BOCA RATON, FL 33487</b>		7. Name and Address of New Registered Agent Name <b>Harvey E. Sheller</b> Street Address (P.O. Box Number is Not Acceptable) <b>2917 S. Ocean Blvd. Apt. 1105</b> City <b>Highland Beach</b> <b>FL</b> Zip Code <b>33487</b>	
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 <b>X Harvey Sheller</b> DATE <b>4/13/05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHELLER, HARVEY 2917 S. OCEAN BLVD. APT. 1105 HIGHLAND BEACH, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Andrew Hurd 3590 NW 3rd Ave. Boca Raton, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HURD, DEBORAH 2917 S. OCEAN BLVD. APT. 1105 HIGHLAND BEACH, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
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: <b>X Harvey Sheller</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/13/05</b> Daytime Phone # <b>561-276-4272</b>	