2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 04, 2007 8:00 am Secretary of State **DOCUMENT # 383294** 1. Entity Name 04-04-2007 90182 008 \*\*\*150.00 H & J INVESTMENTS, INC. Principal Place of Business Mailing Address 8518 103RD STREET 8518 103RD STREET JACKSONVILLE FL 32210 JACKSONVILLE FL 32210 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-1355109 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HIGGINBOTHAM (SIDNEY H) 8117 RAYMOND ST Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE 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. 1 am familiar with, and accept the obligations of registered agent. LOTESIDUEY W. HIGGINBOTHAM Signature, typed or proced name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will, Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TIFLE ☐ Change ☐ Addition HIGGINBOTHAM, SIDNEY H NAME NAME 8518 103RD STREET STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CHY-ST-7IP CITY ST ZIP 11119 ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME MAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP THE ☐ Delete HILL ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete THEF mo Change ☐ Addition NAMI NAME STREET ADDRESS STRUET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY SI - 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 Statutos; 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.

FILED

SIGNATURE AND TYPED OF PAINTED NAME OF SIGNING OFFICER OR DIRECTOR