

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90025 024 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 402712**

1. Entity Name  
**H & H MOTORS, INC.**



Principal Place of Business

1113 SE HWY 19  
CRYSTAL RIVER, FL 34429 US

Mailing Address

1113 SE HWY 19  
CRYSTAL RIVER, FL 34429 US

94048027



02042004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1402813**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HEAD (JAMES H.)  
1113 SE HWY 19  
CRYSTAL RIVER, FL 34429

**DO NOT WRITE  
IN THIS SPACE**

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 (see form if applicable).

(NOTE: Registered Agent signature required when reinstating.)

DATE \_\_\_\_\_

**FILE NOW! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	HEAD, JAMES H
STREET ADDRESS	5924 W. PINE CIRCLE
CITY-STATE-ZIP	CRYSTAL RIVER, FL 00000.
TITLE	<del>✓</del>
NAME	<del>DUNBAR, BARBARA</del>
STREET ADDRESS	<del>329 CORDOVA BLVD., NE-</del>
CITY-STATE-ZIP	<del>ST. PETERSBURG, FL</del>
TITLE	Secretary
NAME	Diane Head
STREET ADDRESS	1113 SE Hwy 19
CITY-STATE-ZIP	Crystal River, FL 34429
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_