


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 403422</b> 1. Entity Name H AND H REPAIR COMPANY, INC.		
Principal Place of Business 10220 SAN MARTIN BLVD. N. ST. PETERSBURG, FL 33702 US	Mailing Address 10220 SAN MARTIN BLVD., NORTH ST. PETERSBURG, FL 33702	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  FOX, ROBERT J. JR. 10220 SAN MARTIN BLVD NORTH ST. PETERSBURG, FL 33702		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<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>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLENN, ANDREW J. JR 10220 SAN MARTIN BLVD, N ST PETERSBURG, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOX, ROBERT J. JR 10220 SAN MARTIN BLVD, N ST PETERSBURG, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FOX, ROBERT J. JR 10220 SAN MARTIN BLVD, N ST. PETERSBURG, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Andrew J. Glenn Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1-17-05</u> <u>727-576-0923</u> <small>Date Daytime Phone #</small>



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1441583**

Applied For
Not Applicable

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

U00000187327  
01/24/05-80008-008 150.00

**DO NOT WRITE  
IN THIS SPACE**