

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # 418988**

1. Entity Name  
**H & H HOME MORTGAGE CORP.**

Principal Place of Business <b>2826 BROADWAY 201 RIVIERA BEACH FL 33404</b>	Mailing Address <b>2826 BROADWAY #201 RIVIERA BEACH FL 33404</b>
--	---



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suito, Apt. #, etc.	Suito, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State	City & State	4. FEI Number <b>59-1452928</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

<p>6. Name and Address of Current Registered Agent</p> <p><b>HENDRICKS, LARRY D. 2826 BROADWAY STE 201 RIVIERA BEACH FL 33404</b></p>	<p>7. Name and Address of New Registered Agent</p> <p>Name _____</p> <p>Street Address (P.O. Box Number is Not Acceptable) _____</p> <p>City _____ <b>FL</b> Zip Code _____</p>
---	---

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<p><b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b></p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>PD <input type="checkbox"/> Delete</p> <p><b>HENDRICKS, LARRY D. 8030-154TH ROAD NORTH PALM BEACH GARDENS FL 33418</b></p>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><b>U00000618342 02/08/07-80026-010 150.00</b></p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>STD <input type="checkbox"/> Delete</p> <p><b>HENDRICKS, GAYLORD E. 19697 N RIVERSIDE DRIVE TEQUESTA FL 33469</b></p>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Delete</p>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Delete</p>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Delete</p>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Delete</p>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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: Larry D. Hendricks, Pres. 1/29/07 (561-848-4331)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #