

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91101 031 ****61.25



DOCUMENT # 706434
1. Entity Name
H & H SUPPORT SERVICES, INC.

Principal Place of Business
**702 SOUTH WASHBURN AVENUE
CORONA CA 91720**

Mailing Address
**702 SOUTH WASHBURN AVENUE
CORONA CA 91720**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
92882



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0657867**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**C-T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	HANSON, CALVIN	
STREET ADDRESS	5336 PEACOCK LANE	
CITY-ST-ZIP	RIVERSIDE CA 92505	
TITLE	P	<input type="checkbox"/> Delete
NAME	COY, ROBERT E. J.D.	
STREET ADDRESS	201 LEASON COVE DRIVE	
CITY-ST-ZIP	LUSBY MD 20657	
TITLE	C	<input type="checkbox"/> Delete
NAME	SANDEFUR, CHARLES	
STREET ADDRESS	12501 OLD COLUMBIA PIKE	
CITY-ST-ZIP	SILVER SPRING MD 20904-6600	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, O.D.	
STREET ADDRESS	777 EAST 25TH, 316	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRODERSEN, ELLEN H CPA	
STREET ADDRESS	92 N. LIBERTY STREET	
CITY-ST-ZIP	HARRISBURG VA 22801	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACOMBER, ROBERT D	
STREET ADDRESS	5408 PEACOCK LANE	
CITY-ST-ZIP	RIVERSIDE CA 92505	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 190.07(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 617, 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 REQUIRED** **Robert E. Coy, J.D.** President 2/7/03 909-736-6909

Signature and typed or printed name of signing officer or director

Date Daytime Phone #

CR2E037 (10/02)