

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 20 AM 9:27

DOCUMENT # A96000000078

1. Entity Name
H & V PROPERTIES, LTD.



Principal Place of Business
2640 E. OLIVE RD.
PENSACOLA, FL 32514

Mailing Address
2640 E. OLIVE RD.
PENSACOLA, FL 32514

2. Principal Place of Business

3. Mailing Address
11 AUTUMN RIDGE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
HATTIESBURG, MS

Zip

Country

Zip
39402

Country

03232005

Chg-LP

CR2E003 (10/03)

4. FEI Number

59-3348422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VINES, CHARLES GERALD
2640 E OLIVE RD
PENSACOLA, FL 32514

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.

DATE

9. Capital Contributions
as Shown on record.

\$225,100.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$225,100

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P95000080650
NAME H & V PROPERTIES, INC.
STREET ADDRESS 11 AUTUMN RIDGE
CITY-ST-ZIP HATTIESBURG, MS 39402

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Charles Vines / Doris Vines 4/28/05

601-296-6969

STAPLE CHECK HERE