## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 26, 2004 8:00 am Secretary of State DOCUMENT # F93000004416 1. Entity Name 03-26-2004 90042 030 \*\*\*150 00 H & H MARKETING, INC. Principal Place of Business Mailing Address 17110 US HWY 41 17110 US HWY 41 LUTZ FL 33549 LUTZ FL 33549 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 52-1010522 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUBER, STEVEN A Street Address (P.O. Box Number is Not Acceptable) 1490 GIDFREY AVE SPRING HILL FL 34609 City 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. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Addition ☐ Delete NAME HUBER, MIRIAM C NAME STREET ADDRESS 1490 GODFREY AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34609 ☐ Detete ☐ Change TITLE TITLE ☐ Addition NAME HUBER, STEVEN A NAME 1490 GODFREY AVE STREET ADDRESS STREET ADDRESS SPRING HILL FL 34609 CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE ☐ Change ☐ Addition ۷Ď NAME HUBER, ROBERT H NAME STREET ADDRESS 1490 GODFREY AVE STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34608 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

**FILED**