

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000004432

1. Entity Name
HLH, INC.



Principal Place of Business
**4263 BAY BEACH LANE
SUITE 811
FT. MYERS BEACH FL 33931**

Mailing Address
**4263 BAY BEACH LANE
SUITE 811
FT. MYERS BEACH FL 33931**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

61-0984822

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

**HUBER, HAROLD L
4263 BAY BEACH LANE
SUITE 811
FT. MYERS BEACH FL 33931**

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's signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HUBER, PAUL L	
STREET ADDRESS	1710 WATTS FERRY RD., RT. 3	
CITY - ST - ZIP	FRANKFORT KY 40601	
TITLE	PT	<input type="checkbox"/> Delete
NAME	HUBER, HAROLD L	
STREET ADDRESS	4263 BAY BEACH LN., #811	
CITY - ST - ZIP	FT. MYERS BEACH FL 33931	
TITLE	S	<input type="checkbox"/> Delete
NAME	HUBER, HAROLD T	
STREET ADDRESS	3019 WINCHESTER ACRES RD EAST	
CITY - ST - ZIP	ANCHORAGE KY 40245	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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02/08/05-80059-005 150.00

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: *Harold L Huber* **President** **2/1/05** **239-463-5829**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #