

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90017 047 ***150.00

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02112005 Chg-P CR2E034 (10/03)

DOCUMENT # F98000004906 1. Entity Name H. PROPERTIES INCORPORATED					
Principal Place of Business 4575 ORANGE BEACH BLVD. ORANGE BEACH, AL 36561			Mailing Address P.O. BOX 2903 ORANGE BEACH, AL 36561		
2. Principal Place of Business 3817 Gulf Shores Parkway Suite, Apt. #, etc. Suite 6 City & State Gulf Shores, AL		3. Mailing Address Suite, Apt. #, etc. City & State Zip 36542 - 2781		Country USA	
4. FEI Number 63-1154904		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIDES, JAMES B 3376 JEFFERSON AVENUE ORANGE BEACH, FL 36561		TITLE NAME STREET ADDRESS CITY-ST-ZIP	James B. Sides 3817 Gulf Shores Pkwy Suite 6 Gulf Shores, AL 36542	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEE, JAMES G 2995 WALL TRIANA HWY, STE A-7 HUNTSVILLE, AL 35824		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>JAMES B. SIDES</u> JAMES B. SIDES <u>2/15/05</u> (251) 981-2911 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					