



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90075 032 ***150.00

DOCUMENT # F98000004906 1. Entity Name H. PROPERTIES INCORPORATED					
Principal Place of Business 3817 GULF SHORES PARKWAY SUITE 6 GULF SHORES, AL 36542-2781			Mailing Address P.O. BOX 2903 ORANGE BEACH, AL 36561		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P. O. Box 3002 Suite, Apt. #, etc.		<div style="font-size: 1.5em; font-weight: bold; margin-bottom: 10px;">40038143</div>  <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 03082007 Chg-P CR2E034 (12/06) </div>	
City & State <div style="display: flex; justify-content: space-between;"> Zip Country </div>		City & State Gulf Shores, AL <div style="display: flex; justify-content: space-between;"> Zip Country </div>		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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 3817 GULF SHORES PKWY, SUITE 6 GULF SHORES, AL 36542	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEE, JAMES G 2995 WALL TRIANA HWY, STE A-7 HUNTSVILLE, AL 35824	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>James B. Sides</i> James B. Sides <i>3/13/07</i> 291-981-2911 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					