

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # G02770	
1. Entity Name H & T INCORPORATION OF TALLAHASSEE	

Principal Place of Business 2608 MARSTON RD PO BOX 13485 TALLAHASSEE FL 32308	Mailing Address 2608 MARSTON RD PO BOX 13485 TALLAHASSEE FL 32308
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-2225670		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent TALLEY, HERBERT W., SR. 2608 MARSTON RD TALLAHASSEE FL 32308		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	Signature, typed or printed name of registered agent and title (if applicable)	(NOTE: Registered Agent signature required when not a director)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TALLEY, ANNIE E.	NAME	
STREET ADDRESS	2608 MARSTON RD	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	CITY-ST-ZIP	
TITLE	STDV ☐ Delete	TITLE	U000000811014 ☐ Change ☐ Addition
NAME	TALLEY, HERBERT W., SR.	NAME	02/11/08-80009-020 150.00
STREET ADDRESS	2608 MARSTON RD	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HARVEY, MARY J.	NAME	
STREET ADDRESS	1405 CENTERVILLE RD STE. 5200	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	CITY-ST-ZIP	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HARVEY, CHARLES B.	NAME	
STREET ADDRESS	1405 CENTERVILLE RD STE. 5200	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Herbert W. Talley Sr.* **HERBERT W. TALLEY Sr.**
2 JAN 08 850-386-3856
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #