## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 30, 2006 8:00 am Secretary of State DOCUMENT # G23398 . ... 1. Entity Name 03-30-2006 90030 014 \*\*\*150.00 H. & M. PRINTING, INCORPORATED Mailing Address Principal Place of Business 440 LAKE BENNETT CT 440 LAKE BENNETT CT LONGWOOD FL 32750 LONGWOOD FL 32750 2. Principal Place of Business 3. Mailing Address CR2E034 (10/05) Suite, Apt. #, etc. 1st MOORE Suite, Apt. #, etc. Applied For City & State City & State 59-2261426 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARGON, MARY P Street Address (P.O. Box Number is Not Acceptable) 672 MOURNING DOVE CIRCLE LAKE MARY FL 32746 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed maine of registered agent and title it applicable \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing - After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change **X**Addition ☐ Delete TITLE VP TITLE NAME HARGON, PATRICK J. NAME MICHAEL P. HARGON STREET ADDRESS 228 GRIFFIN DRIVE NORTH 440 LAKE BENNETT CT. STREET ADDRESS CITY-ST-ZIP LONGWOOD FL CITY-ST-7IP CASSELLBERY, FL 32707 ☐ Change Addition ☐ Delete TITLE TITLE MAME JONES, DANA H STREET ADDRESS STREET ADDRESS 902 ARABIAN CITY-ST-ZIP WINTER SPRINGS FL 32708 CITY-ST-ZIP ☐ Addition ☐ Chance HEE Delete TITLE NAME SIKORA, JENNIFER H NAME STREET ADDRESS STREET ADDRESS 6729 GREY FOX DR CITY-ST-7IP CITY-ST-ZIP SPRINGFIELD VA 22152 Addition ☐ Change Delete TITLE TITLE NAME NAME DAVENPORT, MICHAEL G. STREET ADDRESS 174 SANFORD AVE. STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP DEBARY FL ☐ Addition ☐ Change ☐ Delete TITLE HARGON, M. DENISE NAME NAME STREET ADDRESS 672 MOURINING DOVE CIR STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE HARGON, MARY P NAME NAME 440 LAKE BENNETT CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32750 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 Irustee 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.

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