2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# G23398

Entity Name: H. & M. PRINTING, INCORPORATED

Current Principal Place of Business:

440 LAKE BENNETT CT
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

440 LAKE BENNETT CT
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 59-2261426 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARGON, MARY P.
672 MOURNING DOVE CIRCLE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	HARGON, PATRICK J.,	
Address:	440 LAKE BENNETT CT.	
City-St-Zip:	LONGWOOD, FL	
Title:	D	( ) Delete
Name:	JONES, DANA H	
Address:	902 ARABIAN	
City-St-Zip:	WINTER SPRINGS, FL 32708	
Title:	D	( ) Delete
Name:	HARGON, MICHAEL P	
Address:	228 N. GRIFFIN DR.	
City-St-Zip:	CASSELBERRY, FL 32707	
Title:	VP	( ) Delete
Name:	DAVENPORT, MICHAEL G	
Address:	174 SANFORD AVE.	
City-St-Zip:	DEBARY, FL	
Title:	D	( ) Delete
Name:	HARGON, M. DENISE	
Address:	672 MOURINING DOVE CIR	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	P	( ) Delete
Name:	HARGON, MARY P	
Address:	440 LAKE BENNETT CT.	
City-St-Zip:	LONGWOOD, FL 32750	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL HARGON D 04/23/2008

Electronic Signature of Signing Officer or Director — Date