


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # G39930**  
1. Entity Name  
H & H WAREHOUSING, INC.



Principal Place of Business      Mailing Address  
10048 NW 53RD ST      10048 NW 53RD ST  
SUNRISE, FL 33351 US      SUNRISE, FL 33351 US

**DO NOT WRITE IN THIS SPACE**



D1102006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
59-2305568      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
HOTCHKISS, PETER A.  
10048 NW 53RD ST  
SUNRISE, FL 33351

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

|                |                     |
|----------------|---------------------|
| TITLE          | DP                  |
| NAME           | HOTCHKISS, PETER A. |
| STREET ADDRESS | 10048 NW 53RD ST    |
| CITY-ST-ZIP    | SUNRISE, FL         |
| TITLE          | DST                 |
| NAME           | HOTCHKISS, BRUCE L. |
| STREET ADDRESS | 5830 STIRLING RD    |
| CITY-ST-ZIP    | HOLLYWOOD, FL       |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |

U00000508087  
04/27/06-80088-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_      Date: 4/03/06      Daytime Phone #: 954-746-5770  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER A. HOTCHKISS, PRES.