

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90029 012 ***150.00

DOCUMENT # G54367 1. Entity Name HMHT INC.			
Principal Place of Business 560 VILLAGE BLVD #335 WEST PALM BEACH, FL 33409		Mailing Address 560 VILLAGE BLVD 335 WEST PALM BEACH, FL 33409	
2. Principal Place of Business - No P.O. Box # 420 COLUMBIA DRIVE Suite, Apt. #, etc. 110		3. Mailing Address 420 COLUMBIA DRIVE Suite, Apt. #, etc. 110	
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL	
Zip 33409	Country USA	Zip 33409	Country USA
6. Name and Address of Current Registered Agent HERSHEY, HARRY JR. 560 VILLAGE BLVD. #335 WEST PALM BEACH, FL 33409		7. Name and Address of New Registered Agent Name HARRY HERSHEY, JR Street Address (P.O. Box Number is Not Acceptable) 420 COLUMBIA DRIVE #110 City WEST PALM BEACH FL Zip Code 33409	
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)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	P HERSEY, HARRY W. 580 VILLAGE BLVD #335 WEST PALM BEACH, FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	420 COLUMBIA DRIVE #110 WEST PALM BEACH, FL 33409 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	