

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H52009

Entity Name: I. H., INC.

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3409 INDUSTRIAL 25TH ST  
FORT PIERCE, FL 34946

**New Principal Place of Business:**

**Current Mailing Address:**

3409 INDUSTRIAL 25TH ST  
FORT PIERCE, FL 34946

**New Mailing Address:**

FEI Number: 59-2524923

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARRIS, CHARLES E  
819 BEACHLAND BLVD  
VERO BEACH, FL 32963 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

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: NIXON, JOHN F., III  
Address: 7406 SEBASTIAN RD.  
City-St-Zip: FT. PIERCE, FL

Title: DVP  
Name: NIXON, JAMES P.  
Address: 3409 INDUSTRIAL 25 ST.  
City-St-Zip: FT. PIERCE, FL

Title: DST  
Name: NIXON, CAROL S.  
Address: 12339 S INDIAN RIVER DR  
City-St-Zip: JENSEN BEACH, FL

I hereby 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 all other like empowered.

SIGNATURE: JOHN F. NIXON, III

VPD

02/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date