


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2008 08:00 AM
Secretary of State

DOCUMENT # H52580 1. Entity Name H & H DESIGN BUILDERS, INC.	
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Principal Place of Business 431 NORTH CAUSEWAY NEW SMYRNA BEACH, FL 32169 US	Mailing Address 431 NORTH CAUSEWAY NEW SMYRNA BEACH, FL 32169 US
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DO NOT WRITE IN THIS SPACE



04032008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2541108	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HAYCOCK, DENNIS
431 NORTH CAUSEWAY
NEW SMYRNA BEACH, FL 32169**

**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 _____

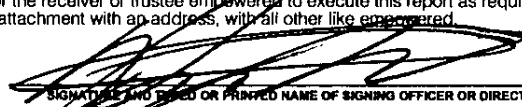
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000899068 04/28/08-80023-015 300.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAYCOOK, DENNIS J. 6932 TURTLE MOUND RD NEW SMYRNA BCH, FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAYCOOK, SUZANNE M. 6932 TURTLE MOUND RD NEW SMYRNA BCH, FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAYCOOK, HAROLD J. 6932 TURTLE MOUND RD NEW SMYRNA BCH, FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAYCOOK, ANITA (ASST) 6932 TURTLE MOUND RD NEW SMYRNA BCH, FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/7/08 **(386) 427-8222**
Date Daytime Phone #