


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # H72018
 1. Entity Name
H & H OF JACKSONVILLE, INC.



Principal Place of Business 5825 STATE RD 16 ST AUGUSTINE, FL 32092	Mailing Address 5825 STATE RD 16 ST AUGUSTINE, FL 32092
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02022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2581987	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUFHAM, JOHN P
 5825 STATE ROAD 16
 SAINT AUGUSTINE, FL 32092

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)

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

1100001405290
 02/07/06-80035-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HUFHAM, JOHN
STREET ADDRESS	5825 STATE ROAD 16
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092
TITLE	S
NAME	HUGHES, NANCY
STREET ADDRESS	5825 STATE ROAD 16
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092
TITLE	VP
NAME	WASHINGTON, BRUCE
STREET ADDRESS	P O BOX 550925
CITY-ST-ZIP	JACKSONVILLE, FL 32255
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *John P Hufham Nancy Hughes* *2-7-06* *934*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #