


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # H72018 1. Entity Name H & H OF JACKSONVILLE, INC.	
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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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01052008 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: 1-13-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000785244
01/16/08-80088-011 150.00

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 Hufham** 1/13/08 904 9407815

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #