

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J01018

1. Entity Name
SRH ACQUISITION CORP.



FILED
Jul 06, 2005 08:00 AM
Secretary of State

Principal Place of Business
119 OLD COUNTRY RD
WELLINGTON, FL 33414 US

Mailing Address
% ANNE HLASNICEK
119 OLD COUNTRY RD
WELLINGTON, FL 33414



07012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2656325

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HLASNICEK, ANNE
119 OLD COUNTRY RD
W PALM BEACH, FL 33414

**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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HLASNICEK, ANNE
STREET ADDRESS	119 OLD COUNTRY RD
CITY - ST - ZIP	W PALM BEACH, FL
TITLE	D
NAME	HLASNICEK, STEPHEN
STREET ADDRESS	119 OLD OCUNTRY RD
CITY - ST - ZIP	W PALM BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000370992
07/06/05-80004-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-05

Date

5617937270

Daytime Phone #