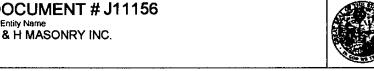
2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J11156 1. Entity Name H & H MASONRY INC.

FILED Apr 02, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Principal Place of Business **4701 LONE PINE CT** FT MYERS, FL 33905

Mailing Address 4701 LONE PINE CT

FT MYERS, FL 33905 US



03062007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0016056

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

HENDRIX, EDGAR PHILIP 4701 LONE PINE CT FT. MYERS, FL 33905

DO NOT WRITE IN THIS SPACE

			1		
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					
Sgrature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent argnature required when reinstating) DATE					
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FILE NOW!!! FEE IS \$150.00 After May 1: 2007 Fee will be: \$550.00 9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees	the second of the second second second
10.	OFFICERS AND DIRECT	TORS			
TITLE	PD				2
NAME	HENDRIX, RICHARD E.				
STREET ADORESS	13231 IDYLWILD FARM ROAD				
CITY-SI-ZP	FT. MYERS, FL				
	VD		-		
TITLE					
CONTENT ADDRESS	HENDRIX, EDGAR PHILIP				U00000686172
STREET ADDRESS	4701 LONE PINE CT				04/09/07-80035-014 158.7
CITY-ST-ZIP	FT. MYERS, FL		4		
TITLE	ST				
NAME	HENDRIX, DONNA				
STREET ADDRESS	4701 LONE PINE CT			DΩ	NOT WRITE
CITY-ST-ZIP	FT MYERS, FL				HOI WILL
TITLE			1	IN '	THIS SPACE
NAME				114	ITIIO OI ACE
STREET ADORESS					
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TITLE			1		
NAME			I		
STREET ADDRESS			I		
CITY-ST-ZIP					
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					
1 instance of the first the anomalion supplied with this mind does not qualify for the exemptions contained in Chapter 119, Fronds Statutes, I further certain 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: