

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90019 021 ***150.00

DOCUMENT # J43394

1. Entity Name

H. P. H. ENTERPRISES, INC.



Principal Place of Business
1819 SHORE DR S.
SUITE 103
S. PASADENA FL 33707

Mailing Address
1819 SHORE DR S.
SUITE 103
S. PASADENA FL 33707



2. Principal Place of Business - No P.O. Box #

1819 Shore Dr S.
Suite, Apt. #, etc.
103

3. Mailing Address

Same
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

S. Pasadena, FL

City & State

Same

4. FEI Number 59-2735392

Applied For
Not Applicable

Zip

33707-4705

Country

Pinellas

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, HAZEL P.
1819 SHORE DR S.
S. PASADENA FL 33707

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstated)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	DP HERNANDEZ, HAZEL P. 1819 SHORE DR S. S. PASADENA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D HERNANDEZ, KRISTOPHER H. 818 BRADDOCK ST TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Hazel P. Hernandez

Hazel P. Hernandez

1-17-07

727 348 107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #