


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90180 002 ***150.00

DOCUMENT # K36007 1. Entity Name H & M ENTERPRISES OF CLEARWATER, INC.	
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Principal Place of Business 1 DRYWALL DR CLEARWATER, FL 33762 US	Mailing Address 1 DRYWALL DR CLEARWATER, FL 33762 US
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DO NOT WRITE IN THIS SPACE



03122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2915848	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

MASON & ASSOCIATES
~~47757 US HWY 19 N~~ 4755 East Bay Drive
~~STE 500~~
CLEARWATER, FL ~~34624-3588~~
33764

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 reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAUESLER, DENISE 2525 WEYMOUTH DR CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAUESLER, LARRY 2525 WEYMOUTH DR CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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  4-1-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #