


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000015307  
 1. Entity Name  
 H & S INVESTMENTS, LLC



Principal Place of Business 292 TALLAHASSEE STREET EASTPOINT,, FL 32328	Mailing Address 292 TALLAHASSEE STREET EASTPOINT,, FL 32328
---	---

**DO NOT WRITE IN THIS SPACE**



03182008No Chg-LLC CR2E083 (12/07)

4. FEI Number 75-3182658	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
 SHULER, THOMAS M ESQUIRE  
 34-4TH STREET  
 APALACHICOLA, FL 32320

**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 \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000937555  
 05/27/08-80054-018 143.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEWITT, LOIS 292 TALLAHASSEE STREET EASTPOINT, FL 32328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANDERS, JOHN H 305 ALLEN LAKE ROAD SOPCHOPPY, FL 32358
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Lois Hewitt* **4-28-08**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #