


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90055 012 \*\*\*\*55.00

<b>DOCUMENT # L05000068468</b>	
1. Entity Name <b>H &amp; H TRUCKING AND TREE SERVICE LLC</b>	

Principal Place of Business <b>1322 WEST RIVER RD. WEWAHITCHKA, FL 32465</b>	Mailing Address <b>PO BOX 598 WEWAHITCHKA, FL 32465</b>
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2. Principal Place of Business <b>1322 West River Rd.</b>	3. Mailing Address <b>P.O. Box 598</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03032006 Chg-LLC CR2E083 (11/05)

City & State <b>Wewahitchka, Florida</b>	City & State <b>Wewahitchka, Florida</b>
Zip <b>32465</b>	Zip <b>32465</b>
Country <b>U.S.A.</b>	Country <b>U.S.A.</b>

4. FEI Number <b>59-3514467</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>HUNTER, HATTIE R 1322 WEST RIVER RD. WEWAHITCHKA, FL 32465</b>	
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7. Name and Address of New Registered Agent	
Name <b>Hattie P. Hunter</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1322 West River Rd.</b>	
City <b>Wewahitchka</b>	FL Zip Code <b>32465</b>

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 <b>Hattie P. Hunter</b>	DATE <b>April 27, 2006</b>

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUNTER, KIM PO BOX 598 WEWAHITCHKA, FL 32465 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUNTER, HATTIE P PO BOX 598 WEWAHITCHKA, FL 32465 <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

10. ADDITIONS/CHANGES	
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
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

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: <b>Hattie P. Hunter</b>	Date <b>April 27, 2006</b>	Daytime Phone # <b>(850) 639-3335</b>
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