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Secretary of State
04-08-2005 90025 037 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M70436

1. Entity Name
H & R INTERSTATE HOUSING, INC.

Principal Place of Business	Mailing Address
% CARL D. HILL 35267 HWY 54 WEST ZEPHYRHILLS, FL 33541	34851 S.R. 54 WEST ZEPHYRHILLS, FL 33541

04052005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
34851 Hwy 54	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Zephyrhills, FL	City & State
Zip: 33541 Country:	Zip Country

4. FEI Number: 59-2876467 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HILL, CARL D 35267 HWY 54 WEST ZEPHRHILLS, FL 33541	Name: Carl D. Hill Street Address (P.O. Box Number is Not Acceptable): 34851 Hwy 54 City: Zephyrhills FL Zip Code: 33541

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] 4-6-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HILL, CARL D. 34740 CARL AVE. ZEPHYRHILLS, FL 33541	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTS OSTERMANN, KEITH 10439 LAMSON RD. DADE CITY, FL 33525	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 4-6-05 813-782-2276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #