2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State
05-06-2004 90164 022 ***150.00

DOCUMENT # P00000019130

1. Entity Name
HHKV, INC.

Principal Place of Business	Mailing Address
418 MIDWAY ISLAND CLEARWATER, FL 33767	418 MIDWAY ISLAND CLEARWATER, FL 33767

01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3625642
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VEGHTE, BRUCE B
418 MIDWAY ISLAND
CLEARWATER, FL 33767

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. BRUCE B. VEGHTE

SIGNATURE _____ 4/20/04
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, 2004 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS
TITLE	D
NAME	HAYES, ELIZABETH F
STREET ADDRESS	418 MIDWAY ISLAND
CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	D
NAME	VEGHTE, BRUCE V
STREET ADDRESS	418 MIDWAY ISLAND
CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	D
NAME	HAYES, PETER S.K.
STREET ADDRESS	418 MIDWAY ISLAND
CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	D
NAME	KNIGHT, CHRISTOPHER G
STREET ADDRESS	3007 WEST BAY VILLA AVE.
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ BRUCE VEGHTE 4/20/04 727-560-2355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #