

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000019130**

1. Entity Name  
HHKV, INC.



Principal Place of Business  
418 MIDWAY ISLAND  
CLEARWATER, FL 33767

Mailing Address  
418 MIDWAY ISLAND  
CLEARWATER, FL 33767



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3625642

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**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.

SIGNATURE

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, 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	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	DP
NAME	HAYES, ELIZABETH "BETTE"
STREET ADDRESS	418 MIDWAY ISLAND
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767
TITLE	DST
NAME	VEGHTE, BRUCE
STREET ADDRESS	418 MIDWAY ISLAND
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767

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05/23/07-80044-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

*Bruce B. Veghte, Sec. Treas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE B. VEGHTE, SEC TREAS

Date

Daytime Phone #

4/28/07

727.442.4098