

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P0000019130
 1. Entity Name
 HHKV, INC.



Principal Place of Business
 418 MIDWAY ISLAND
 CLEARWATER, FL 33767

Mailing Address
 418 MIDWAY ISLAND
 CLEARWATER, FL 33767

DO NOT WRITE IN THIS SPACE



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

6. Name and Address of Current Registered Agent
 VEGHTE, BRUCE B
 418 MIDWAY ISLAND
 CLEARWATER, FL 33767

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

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 4/28/07 727.442.4098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

BRUCE B. VEGHTE, SEC TREAS