


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90191 041 ***150.00

DOCUMENT # P00000027928 1. Entity Name H & P TRANSPORT & LEASING INC.	
--	---

Principal Place of Business 5190 VACARO AVE COCOA, FL 32926	Mailing Address 5190 VACARO AVE COCOA, FL 32926
---	---

DO NOT WRITE IN THIS SPACE

 04262005 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-3640080	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent POWERS, JENNIFER 5190 VACARO AVE COCOA, FL 32926	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: Jennifer Powers Jennifer Powers 4-27-05
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--	-----------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUTCHINGS, ROBERT 5325 VACARO AVE COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD POWERS, TROY 5190 VACARO AVE COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUTCHINGS, NANCY 5190 VACARO AVE COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POWERS, JENNIFER 5190 VACARO AVE COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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: Jennifer Powers President Jennifer Powers 4-27-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

321-604-2022