

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000011112

1. Entity Name
H&H SHELL FOODMART, INC.



Principal Place of Business
18501 CR 236
HIGH SPRINGS, FL 32643

Mailing Address
18501 CR 236
HIGH SPRINGS, FL 32643



01252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3698025	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

HARRINGTON, STEPHANIE
24113 NW OLD BELLAMY RD.
HIGH SPRINGS, FL 32643

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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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HARRINGTON, JOHN D
STREET ADDRESS	24113 NW OLD BELLAMY RD.
CITY-ST-ZIP	HIGH SPRINGS, FL 32643

TITLE	V
NAME	JABLONKA, CHESTER
STREET ADDRESS	24209 NW OLD BELLAMY RD.
CITY-ST-ZIP	HIGH SPRINGS, FL 32643

TITLE	ST
NAME	HARRINGTON, STEPHANIE
STREET ADDRESS	24113 NW OLD BELLAMY RD.
CITY-ST-ZIP	HIGH SPRINGS, FL 32643

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/09/04-80054-001 150.00

**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:

Stephanie Harrington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-04

Date

Daytime Phone #