

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000022032

1. Entity Name
H & C OF TAMPA, INC.



Principal Place of Business
6424 HWY 41 NORTH
APOLLO BEACH, FL 33572

Mailing Address
3541 OSPREY COVE DRIVE
RIVERVIEW, FL 33569



01302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3718076

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ACCOUNTING PROFESSIONALS, LLC
12421 N. FLORIDA AVENUE
SUITE B-125
TAMPA, FL 33612

**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, 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
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
HOOK, MICHAEL
3541 OSPREY COVE DR
RIVERVIEW, FL 33569

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
CHAVEZ, DAWN
3541 OSPREY COVE DR
RIVERVIEW, FL 33569

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

U000000069723
03/01/04-80021-013 150.00

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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)(f), 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: X [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/04
Date

Daytime Phone #