

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90161 026 ***150.00

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1. Entity Name
H&J OF LARGO, INC.



Principal Place of Business
**11561 WALSINGHAM ROAD
LARGO, FL 33778**

Mailing Address
**700 NORTH GREENWOOD AVENUE
CLEARWATER, FL 33755**

54052725



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3711887

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

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134**

**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 PD
NAME JABER, ISAM
STREET ADDRESS 11561 WALSINGHAM ROAD
CITY-ST-ZIP LARGO, FL 33778

TITLE VD
NAME HADABAH, KHALID
STREET ADDRESS 11561 WALSINGHAM ROAD
CITY-ST-ZIP LARGO, FL 33778

TITLE SD
NAME HADABAH, NASER
STREET ADDRESS 11561 WALSINGHAM ROAD
CITY-ST-ZIP LARGO, FL 33778

TITLE TD
NAME JABER, MUHAMED
STREET ADDRESS 11561 WALSINGHAM ROAD
CITY-ST-ZIP LARGO, FL 33778

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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/04

813 760-7658