2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 21, 2006 8:00 am
Secretary of State
05-03-2006 90219 038 ***150.00

DOCUMENT # P01000059546

1. Entity Name
H & E DESIGN, INC.

Principal Place of Business	Mailing Address
4515 LEXINGTON AVE. JACKSONVILLE FL 32210	4515 LEXINGTON AVE. JACKSONVILLE FL 32210

2. Principal Place of Business	3. Mailing Address
5219 ORTEGA GLEN Dr.	5219 ORTEGA GLEN Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL.	City & State: JACKSONVILLE, FL.
Zip: 32210 / Country: DUVAL	Zip: 32210 / Country: DUVAL

1st MOORE CR2E034 (10/05)

4. FEI Number 59-3926193 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RYKERT, ELLEN S 4515 LEXINGTON AVE. JACKSONVILLE FL 32210	Name: HARVEY W. RYKERT Street Address (P.O. Box Number is Not Acceptable): 5219 ORTEGA GLEN DRIVE City: JACKSONVILLE FL Zip Code: 32210

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: Ellen S. Rykert — 4/24/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ✓ Delete	TITLE	☐ Change ☐ Addition
NAME	RYKERT, ELLEN S	NAME	
STREET ADDRESS	4515 LEXINGTON AVE.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	CITY-ST-ZIP	
TITLE	Rykert, HARVEY W., TREASURER	TITLE	☐ Change ☐ Addition
NAME	5219 ORTEGA GLEN DR.	NAME	
STREET ADDRESS	JACKSONVILLE, FL. 32210	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PRESIDENT/OWNER ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HARVEY W. RYKERT	NAME	
STREET ADDRESS	5219 ORTEGA GLEN DR.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	CITY-ST-ZIP	
TITLE	VICE PRESIDENT, SECRETARY ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Ellen S. Rykert	NAME	
STREET ADDRESS	5219 ORTEGA GLEN DR.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ellen S. Rykert — Ellen S. Rykert — 4/24/06 — 904-359-4168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #