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

1st MOORE CR2E034 (10/05)

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

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

RYKERT, ELLEN S
4515 LEXINGTON AVE.
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

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 reinstating) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D RYKERT, ELLEN S 4515 LEXINGTON AVE. JACKSONVILLE FL 32210	✓ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RyKert, HARVEY W., TREASURER 5219 ORTEGA GLEN DR. JACKSONVille, FL. 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/ OWNER HARVEY W. RyKert 5219 ORTEGA GLEN DR. JACKSONVille, FL. 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT, SECRETARY Ellen S. RyKert 5219 ORTEGA GLEN DR. JACKSONVille, FL. 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 #