

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90026 048 \*\*\*150.00

DOCUMENT # P01000059546

1. Entity Name

H & E DESIGN, INC.



Principal Place of Business  
5219 ORTEGA GLEN DR  
JACKSONVILLE FL 32210

Mailing Address  
5219 ORTEGA GLEN DR  
JACKSONVILLE FL 32210

2. Principal Place of Business - No P.O. Box #

*Same*

3. Mailing Address

Suite, Apt. #, etc.

*Be above*

Suite, Apt. #, etc.

*Same As*

City & State

City & State

*above*

Zip

Country

*above*

Zip

Country

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, HARVEY W  
5219 ORTEGA GLEN DRIVE  
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Harvey W. Rykert*

*3/3/07*

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, 2007 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

T  
NAME: RYKERT, HARVEY W  
STREET ADDRESS: 5219 ORTEGA GLEN DR  
CITY- ST- ZIP: JACKSONVILLE FL 32210

P  
NAME: RYKERT, ELLEN S  
STREET ADDRESS: 5219 ORTEGA GLEN DR  
CITY- ST- ZIP: JACKSONVILLE FL 32210

☐ Delete  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

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STREET ADDRESS:  
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

☐ Change ☐ Addition  
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NAME:  
STREET ADDRESS:  
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:

*Harvey W. Rykert*

HARVEY W. RYKERT

*3/3/07*

*904 762 5995*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #