


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000089317		
1. Entity Name H&F BROTHERS, INC.		
Principal Place of Business 1710 BILLINGHURST CT. ORLANDO, FL 32825	Mailing Address 1710 BILLINGHURST CT. ORLANDO, FL 32825	
DO NOT WRITE IN THIS SPACE		



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3740675	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HANZE, JULIO SR. 1710 BILLINGHURST CT. ORLANDO, FL 32825	DO NOT WRITE IN THIS SPACE
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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: _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000143330 04/30/04-80088-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD HANZE, JULIO SR. 1710 BILLINGHURST CT. ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD FOLKER, HANZE J 1710 BILLINGHURST CT. ORLANDO, FL 32825
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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: *Julio Hanze* JULIO HANZE 04/25/04 (407) 509-1018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #