


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90006 001 \*\*\*150.00

DOCUMENT # P01000093789  
 1. Entity Name  
 D.H.H., INC.



Principal Place of Business  
 6281 62ND AVE N  
 PINELLAS PARK, FL

Mailing Address  
 8034 STIMIE AVE N.  
 ST PETERSBURG, FL 33710


**50002550**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



01042005 Chg-P CR2E034 (10/03)

4. FEI Number  
 59-3748581

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HELINGER, DIANA H  
 8034 STIMIE AVE. NORTH  
 ST PETERSBURG, FL 33710

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when certifying) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HELINGER, DIANA H	
STREET ADDRESS	8034 STIMIE AVE N	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANA H HELINGER	
STREET ADDRESS	8034 STIMIE AVENUE NORTH	
CITY-ST-ZIP	SAINT PETERSBURG, FLORIDA 33710	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Diana H. Helinger Pres. 1-5-05 (727) 3471554  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Diana H. Helinger