

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000100207

1. Entity Name

HLH MANAGEMENT GROUP, INC.



Principal Place of Business

861 W. MORSE BLVD., STE. 275
WINTER PARK, FL 32789

Mailing Address

861 W. MORSE BLVD., STE. 275
WINTER PARK, FL 32789



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3752687

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BROWN, DON L ESQ.
200 N. THORNTON AVE.
ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000160026
05/12/04-80007-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HALL, HERBERT L
STREET ADDRESS	861 W. MORSE BLVD., STE. 275
CITY - ST - ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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, name, or other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2004
Date

Daytime Phone # _____