## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Aug 24, 2005 8:00 am Secretary of State 08-24-2005 90062 001 \*1,050.00 **DOCUMENT # P01000100207** HLH MANAGEMENT GROUP, INC. Mailing Address Principal Place of Business 66026284 861 W. MORSE BLVD., STE, 275 861 W. MORSE BLVD., STE. 275 WINTER PARK, FL 32789 WINTER PARK, FL 32789 08222005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3752687 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BROWN, DON LESQ. DO NOT WRITE 200 N. THORNTON AVE. ORLANDO, FL 32801 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 OFFICERS AND DIRECTORS 10. THILE HALL, HERBERT L NAME STREET ADDRESS 861 W. MORSE BLVD., STE. 275 WINTER PARK, FL 32789 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITI F STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 frustee 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.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CATY - ST - ZIP TITLE NAME STREET ADDRESS

**FILED**