

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90447 012 ***150.00

DOCUMENT # P02000086073



1. Entity Name
H C PLANNING & CONSULTING, INC.

Principal Place of Business
**7029 SOUTHWIND DR
HUDSON FL 34667**

Mailing Address
**7029 SOUTHWIND DR
HUDSON FL 34667**



2. Principal Place of Business

14304 Fredricksburg Dr.

3. Mailing Address

14304 Fredricksburg Drive

Suite, Apt. #, etc.
Suite 410

Suite, Apt. #, etc.
Suite 410

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32837

Country
USA

Zip
32837

Country
USA

4. FEI Number

05-0525960

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CANNON, HOWARD D
7029 SOUTHWIND DR
HUDSON FL 34667**

7. Name and Address of New Registered Agent

Name **Howard D. Cannon**
Street Address (P.O. Box Number is Not Acceptable)
14304 Fredricksburg Drive
Suite 410
City **Orlando, FL** Zip Code **32837**

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 **Howard D. Cannon**

(NOTE: Registered Agent signature required when reinstating)

2/6/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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

TITLE **PST** ☐ Delete
NAME **CANNON, HOWARD D**
STREET ADDRESS **7029 SOUTHWIND DR**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President PST** ☒ Change ☐ Addition
NAME **Howard D. Cannon**
STREET ADDRESS **14304 Fredricksburg Drive, Suite 410**
CITY-ST-ZIP **Orlando, FL 32837**

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/03

Date

**(407)
856-1144**

Daytime Phone #

CR2E034 (10/02)