

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000099343

Entity Name: E. H. I. INCORPORATED

FILED
Apr 26, 2004
Secretary of State

Current Principal Place of Business:

1303 42ND STREET NW
UNIT 6
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

4380 AVENUE Q
AUBURNDALE, FL 33823

New Mailing Address:

P.O. BOX 1165
AUBURNDALE, FL 33823 US

FEI Number: 76-0712651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOSPITALITY MANAGEMENT SERVICES
653 WEST 23RD ST
#102
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

ETHRIDGE, OSCAR L VP
4380 AVE. Q
AUBURNDALE, FL 33823 US

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.

SIGNATURE: O. LAVON ETHRIDGE

04/26/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ETHRIDGE, SHIRLEY F
Address: 4380 AVENUE Q
City-St-Zip: AUBURNDALE, FL 33823

Title: VP,T () Delete
Name: ETHRIDGE, LAVON
Address: 4380 AVENUE Q
City-St-Zip: AUBURNDALE, FL 33823

Title: S () Delete
Name: NELSON, BRENDA S
Address: 1120 ILLINOIS AVE
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: O. LAVON ETHRIDGE

VP

04/26/2004

Electronic Signature of Signing Officer or Director

Date