2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 10, 2004 8:00 am Secretary of State 05-03-2004 90450 026 ***150.00

1. Entity Nam	HB	FP02000128 PAIR, INC.				03-03-2004	1 90430	026 ***.	130.00	
Principal Place of Business Mailing Address										
POST OFFICE TAMPA, FL 3	•	POST OFFICE BOX 152 TAMPA, FL 33684-273			A MATHEMA IN A	6642			Inga minana	
2. Principal P	lace of Busines	35	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02242004 Chg-P CR2E034 (10/03)				
City & State			City & State		4. FEI Number 14-1863				plied For t Applicable	
Zip	Country		Zip Court		try	5. Certificate of Status Desired		S8.75 Additional Fee Required		
	6. Name a	nd Address of Current F		Name	7. Name and	Address of New Re	gistered A	gent		
SHAW, BILL M -550 N. REO STREET					Street Address (P.O. Box Number is Not Acceptable)					
SUITE 300) L 33609-10	12								
) AWFA, FI	C 33009-10	,			City			FL	Zip Code	
 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the obligations of registered agent. 								rida. Ism i	amiliar with.	and accept
SIGNATURE_	Signature, typed or	printed name of registered agent a	nd title it applicable (NOT)	: Registere	d Agent signature required	d when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees									-	
10.		OFFICERS AND		11.		ADDITIONS/0	HANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11
TITLE HAME	D : HEMLALL,	SARSUDAL	☐ Delete	TITL					Change	Addition
STREET ADDRESS	3902 BRUT				ET ADORESS					
CITY-ST-ZIP	PLANT CIT	Y, FL 33565		CITY	-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
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STREET ADDRESS CITY-ST-ZIP					-ST-ZIP					
12. I hereby	certify that the	information supplied with	this filing does not qualify fo	r the exe	mption stated in Se	ection 119.07(3)(i), Florida Statutes. I	further cer	tify that the in	niormation
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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I arm 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: S. HOWALL SIGNATURE AND TYPES ON PRINTED MAME OF SIGNANG DIFFCER OR DIRECTOR DAME OF SIGNANG DIFFCER OR DIRECTOR										