

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90025 008 ***150.00

DOCUMENT # P03000023777

1. Entity Name
H & H TRAILER SERVICE, INC.



Principal Place of Business
**7905 S.W. 86TH STREET
APT. #608
MIAMI, FL 33143**

Mailing Address
**7905 S.W. 86TH STREET
APT. #608
MIAMI, FL 33143**

2. Principal Place of Business

3. Mailing Address

P.O. Box 12428

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. PIERCE, FLORIDA

Zip

Country

34979-2428

USA

02012004

Chg-P

CR2E034 (10/03)

4. FEI Number

76-0726204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HANDLEY, M.L.
512 BANANA LANE
FT. PIERCE, FL 34982**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HANDLEY, HARRY B
7905 S.W. 86TH STREET, APT. #608
MIAMI, FL 33143** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 Feb 04 772-466-8862

Date

Daytime Phone #