

2004 FOR PROFIT CORPORATION ANNUAL REPORT

05-05-2004 90223 039 ***150.00

FILE P03000031124

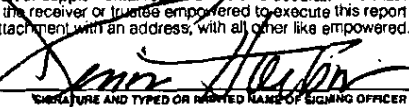
SECRETARY OF STATE
DIVISION OF CORPORATION

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04302004 Chg-P • CR2E034 (10/03)

DOCUMENT # P03000031124					
1. Entity Name H & H MATERIALS, INC.					
Principal Place of Business 1150 W. SOUTHPORT ROAD KISSIMMEE, FL 34742			Mailing Address POST OFFICE BOX 420123 KISSIMMEE, FL 34742-0123		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 54-3768993	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLBORN, CAROL D 1150 W. SOUTHPORT ROAD KISSIMMEE, FL 34742			7. Name and Address of New Registered Agent		
			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 _____ (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	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	HOLBORN, RICHARD S	NAME			
STREET ADDRESS	POST OFFICE BOX 420123	STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE, FL 347420123	CITY-ST-ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	HOLBORN, CAROL D	NAME			
STREET ADDRESS	POST OFFICE BOX 420123	STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE, FL 347420123	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: 			Date: 4/29/04 Daytime Phone: 407-932-0689		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					