2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 21, 2008 08:00 A Secretary of State DOCUMENT # P03000058314 1. Entity Name HRH CONSULTANTS, INC. Principal Place of Business Mailing Adoress 7763 IONIO CT NAPLES FL 34114 7763 IONIO CT NAPLES FL 34114 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/07) 1st MOORE City & State 4. FEI Number Applied For City & State 06-1699139 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HODGES, HOUSTON RAY SR Street Address (P.O. Box Number is Not Acceptable) 7763 IONIO CT. NAPLES FL 34114 City 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 land accept the obligations of registered agent. SIGNATURE Signature, typed or graned warve of registered naent and the Translation. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution | Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Addition U000000911979 HOUSTON, HOUSTON R., SR NAME NAME 05/07/08-80061-019 150.00 STREET ADORESS STREET ADDRESS 7763 IONIO CT. CITY - ST- 712 NAPLES FL 34111-4 CITY-ST-ZIP TITLE Darete TITLE Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-7IE TIGHT ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ÁDDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-78 TITLE. ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-2IP CITY-ST-7/P THEE De ele TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CUTY+ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY - ST- ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information