

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90107 006 ***150.00

DOCUMENT # P03000087393

1. Entity Name
H & L SYSTEMS, INC.



Principal Place of Business Mailing Address

9803 CREEKFRONT ROAD 9803 CREEKFRONT ROAD
 APT. # 1608 APT. # 1608
 JACKSONVILLE, FL 32256 US JACKSONVILLE, FL 32256 US

2. Principal Place of Business 3. Mailing Address

4969 KENTUCKY DERBY CT. **4969 KENTUCKY DERBY CT.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

JACKSONVILLE FL **JACKSONVILLE FL**

Zip Country Zip Country

32257 **U.S.A.** **32257** **U.S.A.**

50050645



04222005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

20-0145346 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

MOLLER, HERMAN Name
 9803 CREEKFRONT ROAD Street Address (P.O. Box Number is Not Acceptable)
 APT # 1608 **4969 KENTUCKY DERBY CT.**
 JACKSONVILLE, FL 32256 City **JACKSONVILLE** FL Zip Code **32257**

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: **HERMAN MÖLLER** *[Signature]* **4/26/2005**

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, 2005 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	PST MOLLER, HERMAN 9803 CREEKFRONT ROAD, APT # 1608 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4969 KENTUCKY DERBY CT. JACKSONVILLE FL 32257
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **HERMAN MÖLLER** *[Signature]* **4/26/2005** **904-262-9068**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #