2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 16, 2004 08:00 AM Secretary of State

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DOCUMENT # P03000135193 1. Entity Name H & D MANAGEMENT, INC.						Sec	retary	of S	State
Principal Plac	Mailing Address			1	-				
2917 S OCE		2917 S OCEAN BLVD							
1105		1105		_					
HIGHLAND BEACH, FL 33487		HIGHLAND BEACH, FL 33487			! (40)(04) ((()		EL GOODE WARK END	Karin karan (i	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt #, etc.		Suite. Apt. #, etc			01222004	Ċhg-P	CR2É03	‡ (10/03)	•
City & State		City & State			4. FEI Numbe	r			pplied For at Applicable
Zip	Country	Zip	Countr		5. Certificate of	of Status Desired		8.75 Add ee Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Ag	ent	
SHELLER, HARVEY				Name Street Address (P.O. Box Number is Not Acceptable)					
2917 S. OCEAN BLVD 1105 HIGHLAND BEACH, FL 33487				Street Address (i	P.O. Box Numbe.	r is Not Acceptable	·) 		
nightani	J BEAGH, FL 33467			City		<u> </u>	FL	Zip Code	e
9 Thu also a	named ontity submits this statement for	the number of observing its	vonistor	ad office or register	ed agent or built	a in the State of Fig		miliar with	uni accont
	tions of registered agent.	the purpose of unlariging ha	, re gratori	ed omes of register	ou agem, or con	i, in the state of the	iliga. Tallisa	1111021 191101	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOT	E Registere	d Agent signature required	When reinstating)		- DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campa Trust Fund Cont			00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/0	HANGES TO OFF	CERS AND D	IRECTORS	SIN 11 .
TITLE	P	☐ Delete	TITLE	:				☐ Change	☐ Addition
NAME	SHELLER, HARVEY		NAM	- }		02/16/04-	0054472		
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CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	<u> </u>	CITY	-ST-ZIP					
HILE	V	☐ Delete	THE	,				Change	Addition
NAME	HURD, DEBORAH		MAM	·					}
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CITY ST ZIP	HIGHLAND BEACH, FL 33487			· 	<u></u>				
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STRUET ADDRESS CITY-ST-ZIP			1	FT ADDRESS -ST-ZIP					
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indicated of the corp	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo	true and accurate and that nowered to execute this report	ne exer ny signat ny signat njuper as	ription stated in Ser ure shall have the s red by Chapter 607	жол тту.07(3)(і) ame legal effect , Florida Statutes	, rionga Statutes. I as if made under o , and that my name	turmer certily ath; that I am appears in E	mat the in an officer llock 10 or	ormation or director Block 11 if

L Deborah Hard 2/12/04 561-276.4272