



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90021 027 ***150.00

DOCUMENT # P03000136318 1. Entity Name H & M EARTHWORKS, INC.							
Principal Place of Business 1165 WOODLAWN ROAD ST AUGUSTINE, FL 32084 US			Mailing Address 11101 N HWY 129 BRANFORD, FL 32008 US 77 Almeria Street St. Aug, FL 32084				
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1165 Woodlawn Rd Suite, Apt. #, etc.		 03182005 Chg-P CR2E034 (10/03)			
City & State		City & State St. Augustine, Fl				4. FEI Number 20-0411439	
Zip Country 32084 US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent HALL, CHARLES E PHD 77 ALMERIA STREET ST. AUGUSTINE, FL 32084		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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P BREWER, HAROLD W 1165 WOODLAWN ROAD ST AUGUSTINE, FL 32084	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KILPATRICK, DERRELL M 1165 WOODLAWN ROAD ST AUGUSTINE, FL 32084	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC KILPATRICK, JOY S 1165 WOODLAWN ROAD ST AUGUSTINE, FL 32084	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES BREWER, CHERYL A 1165 WOODLAWN ROAD ST AUGUSTINE, FL 32084	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete					
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: <i>Joy S. Kilpatrick</i> <i>3/30/05</i> <i>904-819-1450</i> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>				