

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000150303

1. Entity Name
H & H SPECIALTIES, INC.



Principal Place of Business
**820 HWY 393N
SANTA ROSA BEACH, FL 32459 US**

Mailing Address
**820 HWY 393N
SANTA ROSA BEACH, FL 32459 US**



02212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0478037

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BARNES & JAMES, P.A.
2629 BLAIR STONE ROAD
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

**000000445297
03/07/06-80038-004 155.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
HAKANSON, DAVID
412 GARDENIA ST
PANAMA CITY BEACH, FL 32407**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
HAKANSON, LEE
2083 BLUE PINE LANE
NICEVILLE, FL 32578**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
YOUNG, STEVEN
165 PALMETTO AVE.
FREEPORT, FL 32439**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MISKIN, MARK
103 CRYSTAL LAKE LANE
VALPARAISO, FL 32560**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 **Lee Hakanson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-06 850-267-1832

Date

Daytime Phone #