


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90270 002 ***150.00

DOCUMENT # P04000016335	
1. Entity Name SPAHHH, INC.	

Principal Place of Business 2762 PARK ST JACKSONVILLE, FL 32205	Mailing Address 2762 PARK ST JACKSONVILLE, FL 32205
--	--

20041299



2. Principal Place of Business <i>Same</i>		3. Mailing Address <i>Same</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04212005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HERNANDEZ, MEREDITH A 3617 CROWN POINT ROAD SUITE #2 JACKSONVILLE, FL 32257		Name <i>Brenda W. Peebles</i> Street Address (P.O. Box Number is Not Acceptable) <i>11016 Buggy Whip Drive</i> City <i>Jacksonville</i> FL Zip Code <i>32257</i>	

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: *Brenda W. Peebles* DATE: *4/21/05*

Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when registering)

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	PD WALDEN, SUSAN O POST OFFICE BOX 24668 JACKSONVILLE, FL 322414668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>2117 Herschel St.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Jacksonville, FL 32204</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PEELES, BRENDA W POST OFFICE BOX 24668 JACKSONVILLE, FL 322414668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>11016 Buggy Whip Dr.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Jacksonville, FL 32257</i>
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
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
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
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: *Brenda W. Peebles* DATE: *4/21/05* DAYTIME PHONE #: *(904) 403-9777*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR