


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90052 030 \*\*\*150.00

**DOCUMENT # P04000029744**

1. Entity Name  
**H & L HOMES INC**



Principal Place of Business      Mailing Address  
**P O BOX 952**      **P O BOX 952**  
**BRANDON, FL 33509 US**      **BRANDON, FL 33509 US**

**66011982**



2. Principal Place of Business      3. Mailing Address  
**17300 Highway 41 North**      **18507 Lakeshore Drive**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

03012005    Chg-P    CR2E034 (10/03)

City & State      City & State  
**Lutz FL**      **Lutz FL**

4. FEI Number      Applied For  
**20-0725687**      Not Applicable

Zip      Country      Zip      Country  
**33548 USA**      **33549 USA**

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

8. Name and Address of Current Registered Agent  
**HARMISON, SCOTT M**  
**10201 CASA PALERMO DR #7**  
**BRANDON, FL 33509**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**18507 Lakeshore Drive**  
 City      State      Zip Code  
**Lutz      FL      33549**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	P HARMISON, SCOTT M P O BOX 952 BRANDON, FL 33509 <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	VP LANCASTER, JEFFREY 4908 BILLY DIRECT LANE LUTZ, FL 33509 <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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_      Date: **3-1-05**      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR