


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000032218 1. Entity Name H & H ENTERPRISES INC. OF HIGHLANDS COUNTY	
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Principal Place of Business 5714 MIKE KAHN RD SEBRING, FL 33876-5688	Mailing Address 5714 MIKE KAHN RD SEBRING, FL 33876-5688
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04062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1221663	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HARMON, HAROLD E 5714 MIKE KAHN RD SEBRING, FL 33876-5688

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO HARMON, HAROLD E 5714 MIKE KAHN RD SEBRING, FL 338765688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARMON, PATRICIA L 5714 MIKE KAHN RD SEBRING, FL 338765688
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04/27/06-80015-004 150.00

**DO NOT WRITE
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: HAROLD HARMON APRIL 6, 2006 863-385-5213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #