## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**SIGNATURE** 

## Mar 15, 2006 8:00 am Secretary of State DOCUMENT # P04000040650 1. Entity Name 03-15-2006 90099 002 \*\*\*150.00 H & S TITLE AND ESCROW, INC. Principal Place of Business Mailing Address 151 REGIONS WAY 151 REGIONS WAY DESTIN FL 32541 DESTIN FL 32541 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 20-0809164 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIRMANS, PAUL L Street Address (P.O. Box Number is Not Acceptable) 151 REGIONS WAY 1-B DESTIN FL 32541 City 8. The above named entity submits this state at for the purpose of changing its praistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered age SIGNATURE Signature, typed or print of (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00. 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE Change HOOVER, VICKI L NAME NAME STREET ADDRESS 119 BAYTREE DRIVE STREET ADDRESS CITY-ST-ZIP DESTIN FL 32550 CITY-ST-ZIP VΡ Delete TITLE SIRMANS, PAUL NAME NAME 532 E. SHIPWECK RD. STREET ADDRESS STREET ADDRESS SANTA ROSA BEACH FL 32459 CITY-ST-ZIP -□ Delete THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete THUE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED