2008 FOR PROFIT CORPORATION

May 02, 2008 8:00 am Secretary of State ANNUAL REPORT 05-02-2008 90144 020 ***150.00 DOCUMENT # P04000084368 1. Entity Name H & H BUILDERS AND DEVELOPERS, INC. 40023000 Principal Place of Business Mailing Address 10423 108TH STREET NORTH 10423 108TH STREET NORTH LARGO, FL 33778 US LARGO, FL 33778 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04242008 Chg-P Applied For City & State City & State 4. FEI Number Not Applicable 20-1189536 Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **HUMERICK, JOHN S** Street Address (P.O. Box Number is Not Acceptable) 10423 108TH STREET NORTH LARGO, FL 33778 Zip Code City 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 (NOTE: Benistered Arient signature required when reinstation) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS ☐ Change ☐ Addition Delete TITLE TITLE HUMERICK, JOHN S NAME NAME STREET ADDRESS 10423 108TH STREET NORTH STREET ADDRESS CITY-ST-ZIP LARGO, FL 33778 CITY-ST-ZIP ☐ Change ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE П Спалое TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME

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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.

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP