

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90070 028 ***150.00

DOCUMENT # P04000089757

1. Entity Name
H & T IMAGINATIONS UNLIMITED, INC.



Principal Place of Business
9471 BAYMEADOWS ROAD
SUITE 301
JACKSONVILLE, FL 32256 US

Mailing Address
9471 BAYMEADOWS ROAD
SUITE 301
JACKSONVILLE, FL 32256 US

40104737



2. Principal Place of Business - No P.O. Box #
9310 Old Kings Rd S

3. Mailing Address
9310 Old Kings Rd S

Suite, Apt. #, etc.
Suite 1001

Suite, Apt. #, etc.
Suite 1001

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32257

Zip
32257

04182007 Chg-P CR2E034 (12/06)

4. FEI Number
20-1262728

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

INTREPID REGISTERED AGENT SERVICES, LLC
ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2007 Fee will be \$550.00

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME THOMPSON JR., ARNET L ☐ Delete
STREET ADDRESS 9471 BAYMEADOWS ROAD, SUITE 301
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE VPSD
NAME HILL, STANLEY ☐ Delete
STREET ADDRESS 9471 BAYMEADOWS ROAD, SUITE 301
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☒ Change ☐ Addition
NAME Thompson Jr, Arnet L
STREET ADDRESS 9310 Old Kings Rd S Suite 1001
CITY-ST-ZIP Jacksonville, FL 32257

TITLE VPSD ☒ Change ☐ Addition
NAME Hill, Stanley
STREET ADDRESS 9310 Old Kings Rd S Suite 1001
CITY-ST-ZIP Jacksonville, FL 32257

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

Arnet L. Thompson Jr. 4/23/07 904491001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #