

2006 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000099800	
1. Entity Name H P & G M INVESTMENT CORP	

Principal Place of Business 4223 S DEL PRADO BLVD CAPE CORAL, FL 33904	Mailing Address 4223 S DEL PRADO BLVD CAPE CORAL, FL 33904
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DO NOT WRITE IN THIS SPACE



03052006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1321707	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PINEDA, HERNAN
4223 S DEL PRADO BLVD
CAPE CORAL, FL 33904**

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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 X Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 05/04/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

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

05/04/06-80005-009 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PINEDA, HERNAN 4223 S DEL PRADO BLVD CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MESA, GUILLERMO 4223 S DEL PRADO BLVD CAPE CORAL, FL 33904
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 persons empowered.

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/06 (239) 549-9095
Date Daytime Phone #