

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000108315

Entity Name: H&H OF MARION COUNTY INC

**FILED**  
**Jan 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6400 S HWY 314-A  
OCKLAWAHA, FL 32179 US

**New Principal Place of Business:**

**Current Mailing Address:**

6400 S HWY 314-A  
OCKLAWAHA, FL 32179 US

**New Mailing Address:**

FEI Number: 20-1413118

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HYDE, WILLIAM E III  
6400 S HWY 314-A  
OCKLAWAHA, FL 32179 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HYDE, WILLIAM E III  
Address: 6400 S HWY 314-A  
City-St-Zip: OCKLAWAHA, FL 32179 US

Title: VP  
Name: HYDE, THOMAS W  
Address: 343 COLD SPRINGS ROAD  
City-St-Zip: CHILHOWIE, VA 24319 US

Title: D  
Name: HYDE, SHARON D  
Address: 6400 S HWY 314-A  
City-St-Zip: OCKLAWAHA, FL 32179 US

Title: D  
Name: HYDE, DONNA J  
Address: 343 COLD SPRINGS ROAD  
City-St-Zip: CHILHOWIE, VA 24319 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM E. HYDE III

PRES

01/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date