2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 19, 2007 08:00 AM DOCUMENT # P04000116416 **Secretary of State** 1. Entity Name H.H. TERRY COMPANY, INC. Principal Place of Business Mailing Address 4445 DUNLIN COURT 4445 DUNLIN COURT NAPLES FL 34119 NAPLES FL 34119 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Surte, Apt #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 22-1897035 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 SETTINERI, THOMAS 4445 DUNLIN COURT Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34119 City 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 little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HHE Delete Change BOBELA, JOHN JR U00000671091 NAME NAME 13425 WILLIAMS STREET STREET ADDRESS STRUET ADDRESS 03/28/07-80015-016 150.00 THORNTON CO 80241 CITY-ST-ZIP CITY-ST-ZIP ☐ Detete DHE Change Addition SETTINERI, THOMAS NAME NAME 4445 DUNLIN COURT STREET ADDRESS STREET ADDRESS NAPLES FL 34119 CHY-S1-7IP CHY-ST-7IP UNE ☐ Dalete Hit ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CUTY-SI-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP TITLE ☐ Delete 31110 ☐ Change Addition NAMO NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-ZIP IIILE Delete Change Addition NAME STREET ADORESS 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 vieve the same legal effect as if made under eath; 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 appowered.

FILED

SIGNATURE: Armas Settineri V-P 3/13/07