

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90075 043 ***150.00

DOCUMENT # P04000131980 1. Entity Name H & G ADVISORS, INC.																														
Principal Place of Business 100 FOURTH AVENUE SOUGH, #400 ST. PETERSBURG, FL 33701		Mailing Address 100 FOURTH AVENUE SOUGH, #400 ST. PETERSBURG, FL 33701																												
2. Principal Place of Business 1061 LIVE OAK AVE NE		3. Mailing Address 1061 LIVE OAK AVE. N.E.																												
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																												
City & State ST. PETERSBURG FL		City & State ST. PETERSBURG FL																												
Zip 33703		Zip 33703																												
Country PINELLAS		Country PINELLAS																												
4. FEI Number 20-1655419		Applied For <input type="checkbox"/> Not Applicable																												
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																												
6. Name and Address of Current Registered Agent BROCK, GEORGANNE 100 FOURTH AVE., SOUTH UNIT 400 ST. PETERSBURG, FL 33701		7. Name and Address of New Registered Agent Name NO CHANGE Street Address (P.O. Box Number is Not Acceptable) 1061 LIVE OAK AVE. N.E. ST. PETERSBURG City FL Zip Code 33703																												
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 <u><i>Georganne Brock</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>2-26-05</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>																														
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																												
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Georganne Brock</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2-26-05</u> Daytime Phone # <u>727-409-1930</u>																												