

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90104 032 ***150.00

DOCUMENT # P05000015776

1. Entity Name
HHP & CO., INC.



Principal Place of Business
**6049 OLEANDER AVE
PORT RICHEY, FL 34653 US**

Mailing Address
**6049 OLEANDER AVE
PORT RICHEY, FL 34653 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Port Richey, FL

City & State

New Port Richey, FL

Zip

Country

Zip

Country

01172007 Chg-P CR2E034 (12/06)

4. FEI Number
86-1129685

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PASCHAL, HUGH DR.
6049 OLEANDER AVE
PORT RICHEY, FL 34653**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

New Port Richey

FL

Zip Code
34653

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 rechartering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
PASCHAL, HUGH DR
6049 OLEANDER AVE
PORT RICHEY, FL 34653** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
New Port Richey, FL 34653 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC
PASCHAL, MARGARET
6049 OLEANDER AVE
PORT RICHEY, FL 34653** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
New Port Richey, FL 34653 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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: **Hugh H. Paschal** **Hugh H. Paschal**

1-17-07

727.849-4004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #