



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90040 024 ***150.00

DOCUMENT # P05000036655 1. Entity Name H FINANCIAL OF FLORIDA, INC.					
Principal Place of Business 6601 SOUTHPOINT DR NORTH SUITE 165 JACKSONVILLE, FL 32216			Mailing Address 6601 SOUTHPOINT DR NORTH SUITE 165 JACKSONVILLE, FL 32216		
2. Principal Place of Business - No P.O. Box # 212 Ponte Vedra Park Drive Ponte Vedra Beach, FL 32802 USA		3. Mailing Address P.O. Box 2109 Ponte Vedra Beach, FL 32204-2109 USA			
Zip 32802 USA		Country USA		4. FEI Number 79-1596585	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent HARRINGTON, FRANCIS 6601 SOUTHPOINT DR NORTH SUITE 165 JACKSONVILLE, FL 32216			7. Name and Address of New Registered Agent Name Harrington, Francis Street Ac 212 Ponte Vedra Park Drive Ponte Vedra Beach, FL City 32082 USA		
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>[Signature]</i></u> MAY 19 2008 4/24/08 <small>Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	C PATEL, MIKESH "MIKE" 2100 PARKLAKE DR ATLANTA, GA 30345 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC PATEL, NARENDRA TONY 164 NORTH POINT WAY ACWORTH, GA 30201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PATEL, RAJESH "RC" 2100 PARKLAKE DR ATLANTA, GA 30345 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREENE, MATTHEW 9570 KUHN RD JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATEL, MUKUND "BOBBY" 2460 EUDORA WAY DULUTH, GA 30096 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, HERMANT 7150 BISCAYNE BLVD MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 <u><i>[Signature]</i></u> CEO Francis Harrington 4/24/08 904 296-2003 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					