


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90090 048 \*\*\*150.00

<b>DOCUMENT # P05000038342</b> 1. Entity Name <b>H &amp; P MEMORIALS INC.</b>					
Principal Place of Business <b>3654 PALM BEACH BLVD. FORT MYERS, FL 33919 US</b>			Mailing Address <b>18100 WELLS ROAD FORT MYERS, FL 33917 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>2701 Lee Blvd.</b>  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State <b>Lehigh Acres, Florida</b>  Zip      Country <b>33971      US</b>		4. FEI Number <b>20-2488410</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PATTERSON, DARYN 18100 WELLS ROAD FORT MYERS, FL 33917</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  <b>2701 Lee Blvd</b>  City      State      Zip Code <b>Lehigh Acres      FL      33971</b>		
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 _____ (NOTE: Registered Agent signature required when reinstalling)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>PATTERSON, DARYN</b> <b>18100 WELLS ROAD</b> <b>FORT MYERS, FL 33917</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>HATTON, JEROME</b> <b>950 S. CO. RD. 185 E.</b> <b>NORTH VERNON, IN 47265</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S D</b> <b>PATTERSON, ANGELA</b> <b>1270 E. EASY ST.</b> <b>NORTH VERNON, IN 47265</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>HATTON, MELISSA</b> <b>950 S. CO. RD. 185 E.</b> <b>NORTH VERNON, IN 47265</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	    	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	    	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u>Angela Patterson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4-28-06</b>		Daytime Phone # <b>239-694-4121</b>