## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 05, 2007 08:00 Al Secretary of State **DOCUMENT # P05000043385** 1. Entity Name H & H HOLDINGS OF JUPITER, INC. Mailing Address Principal Place of Business **611 COMMERCE WAY 611 COMMERCE WAY** SUITE I SUITE I JUPITER, FL 33458 US JUPITER, FL 33458 CR2E034 (11/05) 03262007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4100973 Not Applicable 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SMYTH & HAUCK, P.A. 712 US HIGHWAY ONE IN THIS SPACE SUITE 210 NORTH PALM BEACH, FL 33408 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME HENLEY, FRANK S STREET ADDRESS 611 COMMERCE WAY, SUITE I JUPITER, FL 33458 H & H HOLDINGS OF JUPITER, INC. NAME 611 COMMERCE WAY, SUITE I STREET ADDRESS JUPITER, FL 33458 CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CiTY-ST-ZiP IN THIS SPACE TITLE NAME STREET ADDRESS

12. 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-7IP

OFFICER OR DIRECTOR

Daytime Phone 6