

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-14-2006 90028 020 ***158.75

DOCUMENT # P05000061608 1. Entity Name HP INTERIORS, INC																			
Principal Place of Business 17803 RIDGEWAY COURT TAMPA, FL 33647-2279		Mailing Address 17803 RIDGEWAY COURT TAMPA, FL 33647-2279																	
2. Principal Place of Business 20309 BRUCE B. DOWNS Blvd. Suite, Apt. #, etc. TAMPA, FL City & State TAMPA, FLORIDA Zip 33647 Country US		3. Mailing Address 20309 BRUCE B. DOWNS Blvd. Suite, Apt. #, etc. TAMPA, FLORIDA City & State TAMPA, FLORIDA Zip 33647 Country US																	
4. FEI Number 20-2761447		Applied For <input type="checkbox"/> Not Applicable																	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		02202006 Chg-P CR2E034 (11/05)																	
6. Name and Address of Current Registered Agent PEQUIGNOT, HOLLY A 17803 RIDGEWAY COURT TAMPA, FL 33647-2279		7. Name and Address of New Registered Agent Name PEQUIGNOT, HOLLY A. Street Address (P.O. Box Number is Not Acceptable) 20309 BRUCE B. DOWNS Blvd. City TAMPA FL Zip Code 33647																	
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 _____ DATE 3/11/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when replacing)</small>																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">P <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PEQUIGNOT, HOLLY A</td> </tr> <tr> <td>STREET ADDRESS</td> <td>17803 RIDGEWAY COURT</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 336472279</td> </tr> </table>		TITLE	P <input type="checkbox"/> Delete	NAME	PEQUIGNOT, HOLLY A	STREET ADDRESS	17803 RIDGEWAY COURT	CITY-ST-ZIP	TAMPA, FL 336472279	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>PEQUIGNOT, HOLLY A</td> </tr> <tr> <td>STREET ADDRESS</td> <td>20309 BRUCE B. DOWNS Blvd.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FLORIDA 33647</td> </tr> </table>		TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	PEQUIGNOT, HOLLY A	STREET ADDRESS	20309 BRUCE B. DOWNS Blvd.	CITY-ST-ZIP	TAMPA, FLORIDA 33647
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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 title empowered.																			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3/11/06 Daytime Phone 813-913-8450																	



ATTACHMENT

66d06769

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2006

HP INTERIORS, INC
20309 BRUCE B. DOWNS BLVD.
TAMPA, FL 33647-2279

Subject: HP INTERIORS, INC

Reference Number: P05000061608

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION