2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000091953

HUTCHINSON, SUE L

7655 COLLINS RIDGE BLVD

JACKSONVILLE, FL 32244 US

Name:

Address:

City-St-Zip:

Entity Name: H & R FOLIPMENT SERVICE AND SALES INC.

FILED May 11, 2006 Secretary of State

_many man	mer mances	OF WEIGHT OF WISE AND OAK				
Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:		
	LINS RIDGE B VILLE, FL 322					
Current M	lailing Addres	ss:	New Mailing Address:			
	LINS RIDGE B VILLE, FL 322					
FEI Number	: 20-3073400	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and	Address of C	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:		
LAYE, L B 795-C BLA ORANGE	NDING BLVD	US	LAYE, L B JR 795-C BLANDING BLY ORANGE PARK, FL :			
	named entity se of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,		
SIGNATUR	RE: L. B. LAY	E, JR.		05/11/2006		
	Electror	ic Signature of Registered Ag	ent	Date		
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.			
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	ROSAMONDA, 7643 COLLINS		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	HUTCHINSON, 7655 COLLINS		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	TOMKINS, DEB 7643 COLLINS		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title:	D ()	Delete	Title:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

	SIGNATURE:	DANIEL J. ROSAMONDA	PD	05/11/2006
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