

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000099868

1. Entity Name  
HHR BUILDERS AND DEVELOPERS, INC.



FILED  
06 JUL -7 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6871 DOGWOOD HAMMOCK DRIVE  
INVERNESS, FL 34453

Mailing Address  
6871 DOGWOOD HAMMOCK DRIVE  
INVERNESS, FL 34453

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07052006

Chg-P

CR2E034 (11/05)

4. FEI Number  
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMMETT, JOHN R CPA  
5353 SW COLLEGE RD.  
OCALA, FL 34474

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$81.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME RUIZ, WILLIAM  
STREET ADDRESS 6871 DOGWOOD HAMMOCK DRIVE  
CITY-ST-ZIP INVERNESS, FL 34453 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
400077730684  
07/19/06--01048--013 \*\*70.00

TITLE VP  
NAME HORNSTEIN, JACK  
STREET ADDRESS 544 PORTER LANE  
CITY-ST-ZIP KEY WEST, FL 33040 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SEC  
NAME HUBER, THOMAS G  
STREET ADDRESS 8824 E. AQUARIUS DR.  
CITY-ST-ZIP INVERNESS, FL 34450 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: Thomas G. Huber THOMAS G. HUBER

7-05-2006

(352) 726-1942

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #