

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90029 028 ***150.00

DOCUMENT # P05000110242

1. Entity Name

N H PRODUCTION & SERVICES, INC.



Principal Place of Business

139 BARNARD AVE
AIKEN SC 29801
US

Mailing Address

139 BARNARD AVE
AIKEN SC 29801
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 20-3292614

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BASILIO, JOSE D
1414 NW 107TH AVENUE
108
MIAMI FL 33172

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P
NAME: HIDALGO, NARCISO J
STREET ADDRESS: 139 BARNARD AVE
CITY - ST - ZIP: AIKEN SC 29801 ☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

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TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P
NAME: Hidalgo Narciso J.
STREET ADDRESS: 701 Chase Ln
CITY - ST - ZIP: Aiken, SC 29803 ☒ Change ☐ Addition

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

TITLE: ☐ Change ☐ Addition
NAME:
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CITY - ST - ZIP:

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #