## 2006 FOR PROFIT CORPORATION

•												
DOCUMENT # P05000132218  1. Entity Name HP AND COMPANY, INC.							FILED 06 SEP 22 PM 12: 29					
Principal Place of Business Mailing Address							$\dashv$	00 50	.1 (	11117. 5		
,				<del>-</del>				1.	11.7	OF STAT	C	
1026 HIDDEN DRIVE				1026 HIDDEN DRIVE				71U21G 4 1	Santation III official market	UL SIMI	it. Dia	
LAKELAND, FL 33809 US				LAKELAND, FL 33809 US				OLUMLIANY OF STATE TALLAHASSEE, FLORIDA				
								BRIDI BAH BRUI BRII BRI	o de la compansión de la c		4001 II (000)	
2. Principal Place of Business				3. Mailing Address			<b>-</b>      <b>        </b>					
2. Trincipal Frace of Business				5. Maning Address						.028   EE    EE    E	<b>                                       </b>	
Suite, Apt. #, etc.				Suite, Apt. #, etc.			_					
Salle, Apt. #, etc.				Suite, Apt. #, etc.			09182006	REIN-P	CR2E	098 (11/05)		
City & State				City & State			4 55131			<del></del>	- <del></del>	
City & State				City & State			4. FEI Numb	D-55399.	27	<b>——</b>	plied For	
Zip Country				Zip Country				0 000777	<u>-                                    </u>	<del></del>	t Applicable	
Ζiμ	Country		'	Zip Cou		itry	5. Certificate	of Status Desired		\$8.75 Add		
					<u> </u>	<del></del>	Fee Required			d		
	6. Name	and Address of Curr	ent Regis	tered Agent		<u> </u>	7. Name and	Address of New R	egistered	Agent		
	C VCITU	1				Name						
HUTCHEN						Character 12 C C C At a control of the control of t						
1026 HIDDEN DRIVE LAKELAND, FL 33803							Street Address (P.O. Box Number is Not Acceptable)					
LAKELANI	J, FL 338	303										
						City	City FL Zip Code					
O Thatland						<u> </u>	Γ⊾					
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.												
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												
10.		ECTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE	Р			☐ Delete	TITL	E				☐ Change	☐ Addition	
NAME	HUTCHE	NS, KEITH			NAM	lE .						
STREET ADDRESS	1026 HID	DEN DRIVE			STR	EET ADDRESS	,		<u></u> .	<del></del> -		
CITY-ST-ZIP	LAKELAN	VD, FL 33809			CATY	'-ST-ZIP		100805:		·	_	
TITLE				☐ Delete	TITL	<del>,  </del>	<del>- 09/27.</del>	<u> </u>	1122	** <u>220 °00</u>	,	
NAME				LI Detete	NAM					Change	☐ Addition	
STREET ADDRESS						EET ADDRESS						
CITY-ST-ZIP	1					1						
G111-31-21F					GHT	'-ST-ZIP						
TITLE		201	a	✓ □ Delete	TITL	E				Change	Addition	
NAME		(// // ,	1125		NAM	NE .						
STREET ADDRESS		$\mathcal{N}$ ,	11-		STR	EET ADDRESS						
CITY-ST-ZIP	1	,			CITY	'-ST-ZIP						
TITLE				☐ Delete	TITL	E				☐ Change	☐ Addition	
NAME					NAM	1E						
STREET ADDRESS					STRI	EET AODRESS						
CITY-ST-ZIP					CITY	(-ST-ZIP						
TITLE				☐ Delete	TITL					☐ Change	Addition	
NAME				Li Delete	NAM					Charage	Audition	
STREET ADDRESS		•				EET ADDRESS						
CITY-ST-ZIP				•		r-ST-ZiP						
	ļ				LITS	1-31-41						
TITLE				Delete	TITL	l l				Change	Addition	
NAME					NAN	-						
STREET ADDRESS						EÉT ADDRESS						
CITY-ST-ZIP	<u> </u>				CITY	r-ST-ZIP						
12. I hereby	certify that th	ne information supplied	with this f	iling does not qualify for	or the ex	emptions contain	ed in Chapter 11	9. Florida Statutes 1	further cer	tify that the in	nformation	
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 order; that I am an officier or direction of the receiver or truetee empreyment to average the line control of the control of th												
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.												
changed, or on an attachment with an address, with all other like empowered.												

8-15-06 Date

Dayrime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: