

2006 FOR PROFIT CORPORATION

DOCUMENT # P05000132218

1. Entity Name
HP AND COMPANY, INC.



FILED
06 SEP 22 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1026 HIDDEN DRIVE
LAKELAND, FL 33809 US

Mailing Address
1026 HIDDEN DRIVE
LAKELAND, FL 33809 US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

09182006 REIN-P CR2E098 (11/05)

4. FEI Number
20-3539987

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HUTCHENS, KEITH
1026 HIDDEN DRIVE
LAKELAND, FL 33803

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 _____

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HUTCHENS, KEITH			NAME			
STREET ADDRESS	1026 HIDDEN DRIVE			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL 33809			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Kurt Hufnagel* 8-1506 *R*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #