

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90023 015 ***150.00

DOCUMENT # P05000137134					
1. Entity Name HLH INVESTORS INC					
Principal Place of Business 5926 LANCEWOOD WAY NAPLES, FL 34116 US			Mailing Address 5926 LANCEWOOD WAY NAPLES, FL 34116 US		
2. Principal Place of Business - No P.O. Box # 5270 SYCAMORE DR Suite, Apt. #, etc.		3. Mailing Address 5270 SYCAMORE DR Suite, Apt. #, etc.			
City & State Naples FL Zip 34119 Country USA		City & State Naples FL Zip 34119 Country USA		4. FEI Number 20-3697114	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DORAN, DONNA J 5926 LANCEWOOD WAY NAPLES, FL 34116			7. Name and Address of New Registered Agent Name: Joseph C. Lamb Street Address (P.O. Box Number is Not Acceptable): 5270 SYCAMORE DR City: Naples FL Zip Code: 34119		
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: <i>Joseph C. Lamb</i> DATE: 4-14-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAMB, JILL S 5270 SYCAMORE DR NAPLES, FL 34119	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Joseph C. Lamb</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-14-08 239 253-9987 <small>Date Daytime Phone #</small>		