

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000147763**

1. Entity Name  
**H & M ADVENTURES, INC.**



Principal Place of Business  
**5748 EAST BAY BOULEVARD  
GULF BREEZE, FL 32563**

Mailing Address  
**5748 EAST BAY BOULEVARD  
GULF BREEZE, FL 32563**



04092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3758456**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MC GEE, ELIZABETH  
5748 EAST BAY BOULEVARD  
GULF BREEZE, FL 32563**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

UN00000892719  
04/23/08-80075-016 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	HEPWORTH, RANDY
STREET ADDRESS	426 SURREY DR
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	VP
NAME	MC GEE, DEREK
STREET ADDRESS	5748 EAST BAY BOULEVARD
CITY-ST-ZIP	GULF BREEZE, FL 32563
TITLE	S
NAME	MC GEE, ELIZABETH
STREET ADDRESS	5748 EAST BAY BOULEVARD
CITY-ST-ZIP	GULF BREEZE, FL 32563
TITLE	T
NAME	MC GEE, ELIZABETH
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CITY-ST-ZIP	GULF BREEZE, FL 32563
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Elizabeth M. A. sec. / Treasurer 4/9/08 (850) 932 7440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #