2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State
04-04-2007 90182 039 ***158.75

DOCUMENT # P06000055662

1. Entity Name
EVERYTHING! HD INC.

Principal Place of Business	Mailing Address
1536 FLORENTINO LANE WINTER PARK, FL 32792	1536 FLORENTINO LANE WINTER PARK, FL 32792

4000U610

01072007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1536 Florentino Ln	1536 Florentino Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Park Fl	City & State: Winter Park /
Zip: 32792 Country: Seminole	Zip: 32792 Country: Seminole

4. FEI Number: 20-4265944 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KINMAN, ANTHONY L.
1536 FLORENTINO LANE
WINTER PARK, FL 32792

7. Name and Address of New Registered Agent

Name: Anthony L Kinman
Street Address (P.O. Box Number is Not Acceptable): 1536 Florentino Ln
City: Winter Park FL Zip Code: 32792

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] 1-23-07
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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST KINMAN, ANTHONY L. 1536 FLORENTINO LANE WINTER PARK, FL 32792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 1-23-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #