

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000044438

Entity Name: HH MULTI-SERVICES, INC

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

225 ICHABOD AVENUE S
LEHIGH ACRES, FL 33971

New Principal Place of Business:

4109
7TH ST SW
LEHIGH ACRES, FL 33976

Current Mailing Address:

225 ICHABOD AVENUE S
LEHIGH ACRES, FL 33971

New Mailing Address:

4109
7TH ST SW
LEHIGH ACRES, FL 33976

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENRY, HANTKY
225 ICHABOD AVENUE
LEHIGH ACRES, FL 33971 US

Name and Address of New Registered Agent:

HENRY, HANTKY
4109
7TH ST SW
LEHIGH ACRES, FL 33976 US

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.

SIGNATURE: HHANTKY

04/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HENRY, HANTKY
Address: 225 ICHABOD AVENUE S
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VP () Delete
Name: GEORGES, DUDRO
Address: 2340 MAPLE AVENUE # 404
City-St-Zip: FT MYERS, FL 33901

Title: CEO () Delete
Name: HENRY, HANTKY
Address: 225 ICHABOD AVE S
City-St-Zip: LEHIGH ACRES, FL 33973

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HENRY, HANTKY
Address: 4109 7TH ST SW
City-St-Zip: LEHIGH ACRES, FL 33976

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HHANTKY

CEO

04/17/2009

Electronic Signature of Signing Officer or Director

Date