

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000082938

Entity Name: H SQUARE DEVELOPERS, INC.

FILED
Mar 27, 2009
Secretary of State

Current Principal Place of Business:

35433 HAINES CREEK RD.
LEESBURG, FL 34788

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 344
TAVARES, FL 32778

New Mailing Address:

FEI Number: 26-0686903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMEL, ROBERT
35433 HAINES CREEK RD.
LEESBURG, FL 34788 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HENDRY, WILLIAM L.
Address: 102 S. OLD DIXIE HWY
City-St-Zip: LADY LAKE, FL 32159

Title: D () Delete
Name: HAMEL, ROBERT
Address: P.O. BOX 344
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: WILLIAM L. HENDRY

D

03/27/2009

Electronic Signature of Signing Officer or Director

Date