

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000093357

Entity Name: H&P CAPITAL, INC.

FILED
Oct 14, 2009
Secretary of State

Current Principal Place of Business:

1919 BLANDING BLVD.
STE. 4
JACKSONVILLE, FL 32210 US

Current Mailing Address:

13863 PINE VILLA DR.
FORT MYERS, FL 33912 US

New Principal Place of Business:

7960 BAYMEADOWS WAY
BUILDING 6 SUITE 300
JACKSONVILLE, FL 32257 US

New Mailing Address:

7960 BAYMEADOWS WAY
BUILDING 6 SUITE 300
JACKSONVILLE, FL 32257 US

FEI Number: 26-3533738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HENRION, GARY
13863 PINE VILLA DR.
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

ROMANELLO, DUANE
1919-8 BLANDING BLVD
JACKSONVILLE, FL 32210 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: ROMANELLO, DUANE C.

10/14/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, S () Delete
Name: POOLER, NOEL
Address: 2307 ALDRIDGE AV.
City-St-Zip: FORT MYERS, FL 33907 US

Title: VP () Delete
Name: HENRION, GARY
Address: 13863 PINE VILLA DR.
City-St-Zip: FORT MYERS, FL 33912 US

Title: TRES () Delete
Name: MACKEY, TAMMY
Address: 2517 SIGMA COURT
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, S (X) Change () Addition
Name: POOLER, NOEL
Address: 7960 BAYMEADOWS WAY, SUITE 300
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: VP (X) Change () Addition
Name: HENRION, GARY
Address: 7960 BAYMEADOWS WAY
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: TRES (X) Change () Addition
Name: WILLIAMS, TAMMY
Address: 7960 BAYMEADOWS WAY, SUITE 300
City-St-Zip: JACKSONVILLE, FL 32257

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: TAMMY WILLIAMS

TRES

10/14/2009

Electronic Signature of Signing Officer or Director

Date