


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90127 005 ***150.00

DOCUMENT # P93000001441		
1. Entity Name H & D SPECIALITIES, INC.		

Principal Place of Business 2210 KENTUCKY DERBY DR ORLANDO, FL 32825	Mailing Address 2210 KENTUCKY DERBY DR ORLANDO, FL 32825
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24045546



2. Principal Place of Business 4752 DISTRIBUTION CT.		3. Mailing Address 19165 QUINELLA ST.	
Suite, Apt. #, etc. SUITE 12		Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State ORLANDO, FL.	
Zip 32822	Country USA	Zip 32833	Country USA

01272004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3156904	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent DYKES, ROGER D 2210 KENTUCKY DERBY DR ORLANDO, FL 32825		7. Name and Address of New Registered Agent Name DYKES, ROGER D. Street Address (P.O. Box Number is Not Acceptable) 19165 QUINELLA ST. City ORLANDO FL 32833	
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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  **4-14-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DYKES, ROGER, D		NAME DYKES ROGER, D.	
STREET ADDRESS 2210 KINTUCKY DERBY DRIVE		STREET ADDRESS 19165 QUINELLA ST.	
CITY-ST-ZIP ORLANDO, FL 32825		CITY-ST-ZIP ORLANDO, FL 32833	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DYKES, DUSTIN M		NAME	
STREET ADDRESS 5230 WREN STREET		STREET ADDRESS	
CITY-ST-ZIP ORLANDO, FL 32807		CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> Delete	TITLE ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DYKES, WANDA, D		NAME DYKES WANDA, D.	
STREET ADDRESS 2210 KENTUCKY DERBY DRIVE		STREET ADDRESS 19165 QUINELLA ST.	
CITY-ST-ZIP ORLANDO, FL 32825		CITY-ST-ZIP ORLANDO, FL 32833	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **ROGER D DYKES** **4-14-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #