
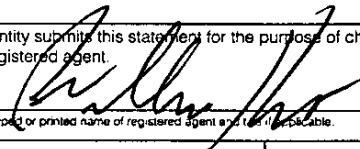
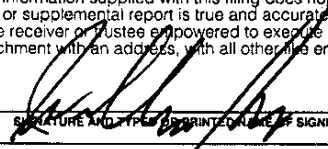


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90046 035 ***150.00

DOCUMENT # P93000043476			
1. Entity Name H.H. & L. PROPERTIES, INC.			
Principal Place of Business 976 N. COLLIER BLVD. MARCO ISLAND, FL 24145 US		Mailing Address 997 N COLLIER BL MARCO ISLAND, FL 34145 US	
2. Principal Place of Business 997 NO. COLLIER BLVD. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State MARCO ISLAND, FL		City & State	
Zip 34145		Country COLLIER	
4. FEI Number 65-0422619		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHILDS, DONALD G 909 N. COLLIER BLVD. MARCO ISLAND, FL 34145		7. Name and Address of New Registered Agent Name: WILLIAM HERBST Street Address (P.O. Box Number is Not Applicable): 828 HIDEAWAY CIRCHE EAST City & State: MARCO ISLAND FL Zip Code: 34145	
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:  DATE: 7/12/05 <small>Signature, typed or printed name of registered agent and fee (if applicable). (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HERBST, WILLIAM 828 HIDEAWAY CIR E MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 fees empowered.			
SIGNATURE: 		Date: 7/12/05 Daytime Phone #	

50055766



06292005 Chg-P CR2E034 (10/03)