## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P93000064680**

1. Entity Name

H & G LANDHOLDINGS, INC.



Principal Place of Business

% DOUGLAS J. WALLER 604 OAK COMMONS BLVD. KISSIMMEE, FL 34741 Mailing Address

% DOUGLAS J. WALLER 604 OAK COMMONS BLVD. KISSIMMEE, FL 34741

## FILED Apr 18, 2006 8:00 am Secretary of State

04-18-2006 90085 022 \*\*\*150.00

50013255



04112006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3203833

Applied For Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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DO NOT WRITE IN THIS SPACE

WALLER, DOUGLAS J 604 OAK COMMONS BLVD. KISSIMMEE, FL 34741

## DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the pions of registered agent.	urpose of changing its registered of	ice or r	egistered agent, or both, in the S	State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS	•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KARR, MICHAEL A 604 OAK COMMONS BLVD. KISSIMMEE, FL 34741				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KORNBERG, MARKUS 604 OAK COMMONS BLVD. KISSIMMEE, FL 34741				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GORDON, SCOTT 604 OAK COMMONS BLVD. KISSIMMEE, FL 34741		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HENNINGSEN, HARALD J 604 OAK COMMONS BLVD. KISSIMMEE, FL 34741		IN THIS SPACE		
TITLE NAME					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13/04

407 846 Way

Daytime Phone 4