

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000017732

1. Entity Name
D & H STUDIO, INCORPORATED



Principal Place of Business
**1065 SILVER BEACH ROAD #15
RIVIERA BEACH, FL 33404**

Mailing Address
**1065 SILVER BEACH ROAD #15
RIVIERA BEACH, FL 33404**



04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0489314

Approved For
Not Approved

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HUTCHINSON, DIANE M
1065 SILVER BEACH ROAD #15
RIVIERA BEACH, FL 33404**

**DO NOT WRITE
IN THIS SPACE**

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 qualifications of registered agent.

SIGNATURE _____

Signature, name and address of registered agent must be filed with this report.

Signature, name and address of registered agent must be filed with this report.

Signature

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

11000000113972

04/15/04-80030-013 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**PDCS
HUTCHINSON, DIANE M
1065 SILVER BEACH ROAD #15
RIVIERA BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**VT
DITTMER, ROBERT H
1065 SILVER BEACH RD #15
RIVIERA BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f) 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04 561-848-3987