2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 8:00 am

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DOCUMENT # P94000038592 1. Entity Name H & H MARINE, INC.						01-17-2006 90250 029 ***150.00				
122 OGDEN AVE.			Mailing Address 122 OGDEN AVE. SEBASTIAN, FL 32958 US			60002822				
	2. Principal Pl	ace of Business Viwage Blv-A.	3. Mailing Address P.O. Boy 4	522	 					
	Suite, Apt	#, etc.	Suite, Apt. #, etc.		0104	2006 Ch	g-Р (CR2E034 (11/05)		
,	City & State	Im Beach, Il	Victoria, 2	de		Number 5-0496296	7° W 4.	Not	olied For Applicable	
ĺ	Zip 334	og Country A	Zip 77903	Country US A	5. Ce	rtificate of Status	Desired	See Required	tional	
Ī		6. Name and Address of Current F	Registored Agent]	7. Na	me and Addres	s of New Regi	stered Agent		
	HANKINS, L F				Name HANKINS, L.F. Street Address (P.O. Box Number is Not Acceptable)					
	122 OGDE SEBASTIA	N AVE. N, FL 32958		Street Add	oress (P.O. Bo)	CNumber is Not.	Acceptable)	d.		
		*		City	401			Zin Code		
	8 The above	named entity submits this statement for	the purpose of changing its re	The	et Pal	n Bed	State of Florid:	FL 33 3	409	
		ons of registered agent.	the perpose of changing to re	ogistered office of the	egisterou ager	it, or both, in the		a. Tarrisma vier,	r	
	SIGNATURE_	Signature, typed or printed name of registered agent a	nd title il applicable. (NOTE: F	Register <i>e</i> d Agent signature	required when reins	tating)		DATE		
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		E NOW!!! FEE IS \$150.00 ^X ay 1, 2006 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib		\$5.00 Ma Added to Fe					
Ì	10.	OFFICERS AND I	DIRECTORS	11.	ADD	ITIONS/CHANG	ES TO OFFICE	RS AND DIRECTORS	IN 11	
Ì	TITLE	D	☐ Delete	TITLE						
	NAME	HANKINS, L F		NAME /	HANK	(NS, 2.	Blue.	H401		
l	STREET ADDRESS CITY-ST-ZIP	122 OGDEN AVE. SEBASTIAN, FL 32958		STREET ADDRESS CITY-ST-ZIP	2701 V	Mage	12.2	71. 321	.a	
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l	NAME	HANKINS, PHYLLIS S.	Delete	NAME >	HANKI	NS, PH	ILLIS.	\$		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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:

SIGNATURE AND TYPET OR PRINTED NAME OF SYNING DEFICER OR DIRECTOR.