

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P94000064459

1. Entity Name  
H & S HOLDINGS, INC.



Principal Place of Business  
240-D NW 76TH DR  
GAINESVILLE, FL 32607

Mailing Address  
240-D NW 76TH DR  
GAINESVILLE, FL 32607

**DO NOT WRITE IN THIS SPACE**

**FILED  
Jan 13, 2004 8:00 am  
Secretary of State**

01-13-2004 90014 022 \*\*\*150.00

44001479



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3266072	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HODOR, ANDREW G  
240-D NW 76TH DR  
GAINESVILLE, FL 32607

**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 obligations of registered agent.

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HODOR, HOWARD
STREET ADDRESS	240-D NW 76TH DR
CITY-ST-ZIP	GAINESVILLE, FL 32607

TITLE	DVST
NAME	HODOR, ANDREW G
STREET ADDRESS	240-D NW 76TH DR
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-04 352 331 9949

Date

Daytime Phone #

**DO NOT WRITE  
IN THIS SPACE**