


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90016 045 ***150.00

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
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2. Principal Place of Business 3760 NW 83rd Street Suite, Apt. #, etc. Suite 1 City & State Gainesville, FL Zip 32606 Country USA	3. Mailing Address 3760 NW 83rd Street Suite, Apt. #, etc. Suite 1 City & State Gainesville, FL Zip 32606 Country USA
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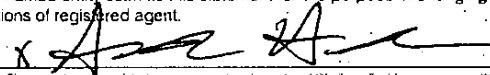
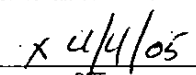


03302005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3266072	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 HODOR, ANDREW G 240-D NW 76TH DR GAINESVILLE, FL 32607	7. Name and Address of New Registered Agent Name HODOR, ANDREW G. Street Address (P.O. Box Number is Not Acceptable) 3760 NW 83rd St., Suite 1 City Gainesville FL Zip Code 32606
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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  4/4/05

Signature, typed or printed name of registered agent and title if applicable.

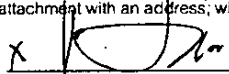
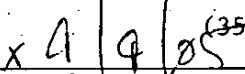
(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HODOR, HOWARD 240-D NW 76TH DR GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HODOR, HOWARD 3760 NW 83rd St., Suite 1 Gainesville, FL 32606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST HODOR, ANDREW G 240-D NW 76TH DR GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HODOR, ANDREW 3760 NW 83rd St., Suite 1 Gainesville, FL 32606 <input checked="" 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
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
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
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 like empowered.

SIGNATURE:  Howard Hodor, Pres.  (352) 336-3996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #