

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000017161 1. Entity Name H & G PROPERTIES, INC.	
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Principal Place of Business 801 W. STREET RD. 436 SUITE 2009 ALTAMONTE SPRINGS, FL 32714	Mailing Address 801 W. STREET RD. 436 SUITE 2009 ALTAMONTE SPRINGS, FL 32714
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04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3299705	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GUIDE, MICHAEL F 801 W STATE ROAD 436 SUITE 2009 ALTAMONTE, FL 32714
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**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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000507434 04/27/06-80064-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUIDO, MICHAEL F 801 W. STATE ROAD 436, SUITE 2009 ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HIBBARD, R.T. 3813 N. LAKE ORLANDO PARKWAY ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HIBBARD, R.T. 3813 N. LAKE ORLANDO PARKWAY ORLANDO, FL 32808
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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: Michael F. Guido 4/13/06 407682-7876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #