## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

## Mar 09, 2004 8:00 am **DOCUMENT # P95000047725** Secretary of State 1. Entity Name 03-09-2004 90045 043 \*\*\*150.00 H & J. INC. Mailing Address Principal Place of Business 11131 BRAMBLELEAF WAY-11131 BRAMBLELEAF WAY HUDSON FL 34667 HUDSON FL 34667 2. Principal Place of Business 3. Mailing Address 799 Lakeworth Circle 799 Lakeworth Circle Suite, Apt. #, etc CR2E034 (11/03) MOORE 4. FEI Number Applied For City & State City & State 59-3323017 Not Applicable Heathrow Heathrow \$8.75 Additional 5. Certificate of Status Desired ISA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Darden-Gerald-W-DRYDEN, GERALD W 11131-BRAMBLELEAF WAY HUDSON FL 34667 Lakeworth Circle Zip Code 32746 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. March 3, 2004 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Delete TIRE DRYDEN, GERALD W NAME GERALD W CIRCLE 11131 BRAMBLELEAF WAY STREET ADDRESS STREET ADDRESS HUDSON FL 34667 CITY-ST-7IP CITY-ST-ZIP HEATHROW FL 31746 TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete STREET ADDRESS 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

ald W. Wyden Gerald W. Dryden March 3,2004 407-

FILED