

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90120 045 ***150.00

DOCUMENT # P95000086094 1. Entity Name H & S TAXIDERMY & PANELS, INC.			
Principal Place of Business 8999-1 COMMONWEALTH AVE. JACKSONVILLE, FL 32220		Mailing Address 11025 W BEAVER ST. PMB #25 JACKSONVILLE, FL 32220	
2. Principal Place of Business 701 N. MOODY ROAD		3. Mailing Address 701 N. MOODY ROAD	
Suite, Apt. #, etc. # 12-1		Suite, Apt. #, etc. # 12-1	
City & State PALATKA FL		City & State PALATKA FL	
Zip 32177		Zip 32177	
Country USA		Country USA	
4. FEI Number 59-3340487		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRIS, ANTHONY F SR 8351 OLD PLANK RD JACKSONVILLE, FL 32220		7. Name and Address of New Registered Agent Name HARRIS ANTHONY F. SR. Street Address (P.O. Box Number is Not Acceptable) 7430 HALL LAKE ROAD City KEYSTONE HEIGHTS FL Zip Code 32656	
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 _____ (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 <input type="checkbox"/> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME HARRIS, ANTHONY F SR STREET ADDRESS 8351 OLD PLANK RD CITY-ST-ZIP JACKSONVILLE, FL 32220	<input type="checkbox"/> Delete	TITLE P.D. NAME HARRIS, ANTHONY F. SR. STREET ADDRESS 7430 HALL LAKE ROAD CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME HARRIS, ANN K STREET ADDRESS 8351 OLD PLANK RD CITY-ST-ZIP JACKSONVILLE, FL 32220	<input type="checkbox"/> Delete	TITLE D NAME HARRIS, ANN K. STREET ADDRESS 7430 HALL LAKE ROAD CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656	<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
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:		4-6-05 386-326-4072	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	