

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000051311

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: H & H RESIDUAL SERVICES, INC.

## Current Principal Place of Business:

5116 SW CR 18  
FORT WHITE, FL 32038

## New Principal Place of Business:

6990 US HWY 27  
BRANFORD, FL 32008

## Current Mailing Address:

PO BOX 609  
FORT WHITE, FL 32038

## New Mailing Address:

PO BOX 390  
BRANFORD, FL 32008

FEI Number: 59-3397124

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HACHT, NANCY  
PO BOX 609  
FORT WHITE, FL 32038 US

## Name and Address of New Registered Agent:

HACHT, NANCY  
6990 US HWY 27  
BOX 390  
BRANFORD, FL 32008 US

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.

SIGNATURE:

04/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HACHT, STEPHEN  
Address: 5116 SW CR 18  
City-St-Zip: FORT WHITE, FL 32038

Title: D ( ) Delete  
Name: HACHT, NANCY  
Address: PO BOX 609  
City-St-Zip: FORT WHITE, FL 32038

Title: TD ( ) Delete  
Name: HACHT, RICK  
Address: PO BOX 609  
City-St-Zip: FORT WHITE, FL 32038

Title: VP/S ( ) Delete  
Name: MATTHEWS, KATIE H  
Address: 178 SW WALTON GLN  
City-St-Zip: FORT WHITE, FL 32038

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: HACHT, NANCY  
Address: PO BOX 390  
City-St-Zip: BRANFORD, FL 32008

Title: TD (X) Change ( ) Addition  
Name: HACHT, RICK  
Address: PO BOX 390  
City-St-Zip: BRANFORD, FL 32008

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATIE MATTHEWS

S

04/27/2007

Electronic Signature of Signing Officer or Director

Date