

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000069975

1. Entity Name
H & S PROPERTIES OF GAINESVILLE, INC.



Principal Place of Business

13505 NW 85TH PL
ALACHUA, FL 32615

Mailing Address

13505 NW 85TH PL
ALACHUA, FL 32615



01042005 No Cfig-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3398578

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAW, JAMES W
13505 NW 88TH PL
ALACHUA, FL 32615

**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 Fee

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HODOR, HOWARD
STREET ADDRESS	240 N W 76TH DR STE D
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	DVST
NAME	SHAW, JAMES W
STREET ADDRESS	13505 NW 88TH PL
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/12/05-80037-013 150.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/05 352-665-8570