## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000009557

FILED Apr 13, 2006 Secretary of State

Entity Name: H & S ALES, INC. **Current Principal Place of Business: New Principal Place of Business:** 3751 NE 4TH TRAIL OKEECHOBEE, FL 34972 **Current Mailing Address: New Mailing Address:** P.O. BOX 1335 P.O. BOX 1335 OKEECHOBEE, FL 349731335 OKEECHOBEE, FL 34973 FEI Number: 65-0727861 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SALES, DEBRAS 8863 HWY 70 EAST OKEECHOBEE, FL 34972 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition HALES, KARLA S ROBY, KARLA H Name: Name: 1906 SW 5TH STREET 1906 SW 5TH STREET Address: Address: City-St-Zip: OKEECHOBEE, FL 34974 City-St-Zip: OKEECHOBEE, FL 34974 ( ) Delete Title: VST Title: () Change () Addition

Name:

Address:

City-St-Zip:

8863 HWY 70 EAST Address: OKEECHOBEE, FL 34972 City-St-Zip:

SALES, DEBRA S

Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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.

Ρ SIGNATURE: KARLA HALES ROBY 04/13/2006