2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000017590

1. Entity Name

H J ASSOCIATES, INC.

FILED
Feb 11, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
6223 BOBBY JONES COURT PALMETTO FL 34221 US	6223 BOBBY JONES COURT PALMETTO FL 34221 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3445225 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARRETT, HAROLD C 6223 BOBBY JONES COURT PALMETTO FL 34221	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 changing) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BARRETT, HAROLD C	NAME	
STREET ADDRESS	6223 BOBBY JONES COURT	STREET ADDRESS	U00000822819
CITY-ST-ZIP	PALMETTO FL 34221	CITY-ST-ZIP	02/20/08-80014-011 150.00
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DANDO, JERE D	NAME	
STREET ADDRESS	3103 FOX DEN LANE	STREET ADDRESS	
CITY-ST-ZIP	OAKTON VA 22124	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BARRETT, JOYCE A	NAME	
STREET ADDRESS	6223 BOBBY JONES COURT	STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119 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.

HAROLD C. BARRETT

SIGNATURE: Harold C Barrett, Pres — 2/6/08 — 941-723-0875

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #