
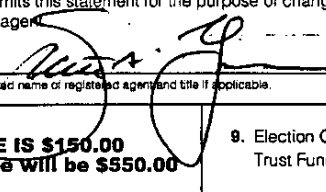
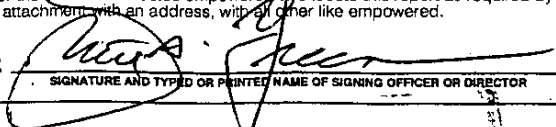


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90012 038 ***150.00

DOCUMENT # P97000019455 1. Entity Name H & H LIGHTING, INC.							
Principal Place of Business 975 MARTIN AVE. GREEN COVE SPRINGS, FL 32043			Mailing Address 975 MARTIN AVE. GREEN COVE SPRINGS, FL 32043				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
GREEN, SCOTT A 112 QUEENS WAY PONTE VEDRA BEACH, FL 32082				Name Scott A. Green Street Address (P.O. Box Number is Not Acceptable) 975 Martin Ave City Green Cove Springs FL Zip Code 32043			
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 1/10/05			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing 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 NAME STREET ADDRESS CITY - ST - ZIP	PSD GREEN, SCOTT A. 153 BEAR PEN PONTE VEDRA BEACH, FL 32082	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Green, Scott A. 975 Martin Avenue Green Cove Springs, FL 32043	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 1/10/05 Daytime Phone # 904-284-1220			

50011813



01102005 Chg-P CR2E034 (10/03)

4. FEI Number **59-3437962** Applied For ☐ Not Applicable ☒

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