

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90192 019 ***150.00

DOCUMENT # P98000072350

1. Entity Name
LHH SALES, INC.



Principal Place of Business

**238 WEKIVA COVE
DESTIN, FL 32541**

Mailing Address

**238 WEKIVA COVE
DESTIN, FL 32541**

24068132



DO NOT WRITE IN THIS SPACE

02042004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3530912**
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CARR RIGGS & INGRAM-JENNY KERN Kervin
4460 LEGENDARY DRIVE STE 100
DESTIN, FL 32541**

**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

Jenny Kervin
Signature, typed or printed name of registered agent and title if applicable.

Jenny Kervin

(NOTE: Registered Agent signature required when reinstating)

4/30/04
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LOPEZ, LAURIE H
238 WEKIVA COVE
DESTIN, FL 32541**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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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:

Laurie H Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04
Date

850 650 9669
Daytime Phone #