

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90085 022 ***150.00

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| DOCUMENT # P98000085543 | | | | | |
| 1. Entity Name HMJ INVESTMENTS, INC. | | | | | |
| Principal Place of Business 3402 SILVER MEADOWWAY PLANT CITY, FL 33567 | | | Mailing Address 3402 SILVER MEADOWWAY PLANT CITY, FL 33567 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address P.O. Box 4737 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State PLANT CITY FL | | 4. FEI Number 59-3587782 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 33563 | | Country USA | | 05012007 Chg-P CR2E034 (12/06) | |
| 6. Name and Address of Current Registered Agent HILDE MARIA JOSEPH VANDE WIELE 2822 HAMPTON PLACE COURT PLANT CITY, FL 33567 | | | 7. Name and Address of New Registered Agent Name <u>JERRY L. HEAD, CPA, PA</u> Street Address (P.O. Box Number is Not Acceptable) <u>101 AMERICAN CENTRAL PLACE, SUITE 113</u> City <u>TAMPA</u> <u>FL</u> Zip Code <u>33619</u> | | |
| 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 <u>JERRY HEAD, CPA</u> (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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-STATE-ZIP | P <input type="checkbox"/> Delete HILDE MARIA JOSEPH VAN DE WIELE 2822 HAMPTON PLACE COURT PLANT CITY, FL 33566 | | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>PEPERSTRAAT 94</u> <u>9230 WETTEREN, BELGIUM</u> | |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information in 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 checked or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>JERRY HEAD</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 5/1/07 Date | | 813-626-1200 Daytime Phone # |