

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2008 8:00 am
Secretary of State

08-20-2008 90002 019 ***550.00

DOCUMENT # P98000085543 1. Entity Name HMJ INVESTMENTS, INC.			
Principal Place of Business 3402 SILVER MEADOWWAY PLANT CITY, FL 33567		Mailing Address PO BOX 4737 PLANT CITY, FL 33563	
2. Principal Place of Business - No P.O. Box # 2822 HAMPTON PLACE CT.		3. Mailing Address PO BOX 4737	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State PLANT CITY		City & State PLANT CITY - FL	
Zip 33566	Country USA	Zip 33563-0030	Country USA
4. FEI Number 59-3587782		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEMO, JERRY L 101 AMERICAN CENTER PLACE SUITE 3 TAMPA, FL 33619		7. Name and Address of New Registered Agent Name RABIAN BROOKS Street Address (P.O. Box Number is Not Acceptable) 412 E. MADISON STREET SUITE 900 City TAMPA FL Zip Code 33602	
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 _____ DATE 8/14/08 <small>Signature, typed or printed name of registered agent and fee 1 applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		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	P HILDE MARIA JOSEPH VAN DE WIELE PEPERSTRAAT 94 WETTEREN, BELGIUM, 9230	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HILDE MARIA JOSEPH VAN DE WIELE SNETLEDESTEEENWEG 37 WETTEREN, BELGIUM, 9230
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby 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 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>		12-08-2008 813-754-6596 <small>Date Daytime Phone #</small>	