2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000086819

1. Entity Name
FLORIDA HHC, INC.

Principal Place of Business
3586 53RD AVE N
ST PETERSBURG, FL 33714

Mailing Address
3586 53RD AVE N
ST PETERSBURG, FL 33714

DO NOT WRITE IN THIS SPACE

04072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3536444
Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

ACKRMAN AUDRA R.
3586 53RD AVE N
ST PETERSBURG, FL 33714

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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 reinstating) 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	D
NAME	AUDRA, ACKERMAN R
STREET ADDRESS	4623 GULFWINDS DRIVE
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	D
NAME	ROEGELE, BRENDA
STREET ADDRESS	10542 61ST TERRACE N
CITY-ST-ZIP	SAINT PETERSBURG FL 33708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/12/04-80048-021 150.00

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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: [signature] Audra R Ackerman 4-6-04 727-522-4439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #