

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000021975

1. Entity Name

H & H ENTERPRISES OF SUMTER, INC.



Principal Place of Business

3518 E. HWY 44A
WILDWOOD, FL 34785

Mailing Address

PO BOX 416
WILDWOOD, FL 34785

DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3562828

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARCHBANKS, LAWRENCE J ESQ
110 CLEVELAND AVE.
WILDWOOD, FL 34785

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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

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000625453
02/14/07-80075-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LOCKLEAR, HIRAM J
STREET ADDRESS	PO BOX 1427 - 8284 CR 209
CITY-ST-ZIP	WILDWOOD, FL 34785
TITLE	S
NAME	RAWLINGS, JOHN D
STREET ADDRESS	PO BOX 416 - 3518 E HWY 44A
CITY-ST-ZIP	WILDWOOD, FL 34785
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/07 352-748-0241