

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90022 011 ***150.00

DOCUMENT # P99000038963

1. Entity Name

H & L ENTERPRISES OF LAKE CITY, INC.



Principal Place of Business

216 SW LONGBOAT DR
LAKE CITY FL 32024

Mailing Address

216 SW LONGBOAT DR
LAKE CITY FL 32024



2. Principal Place of Business

216 SW Long Leaf Dr.
Suite, Apt. #, etc.

3. Mailing Address

216 SW Long Leaf Dr.
Suite, Apt. #, etc.

City & State

Lake City, FL

City & State

Lake City, FL

4. FEI Number

59-3581356

Applied For

Not Applicable

Zip

32024

Country

Zip

32024

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

HAMPTON, HERMAN E
RT. 22 BOX 22000
LAKE CITY FL 32024

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

216 SW Long Leaf Dr.

City

Lake City,

FL

Zip Code

32024

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME HAMPTON, HERMAN
STREET ADDRESS RT. 22 BOX 22000
CITY-ST-ZIP LAKE CITY FL 32024

TITLE ST ☐ Delete
NAME HAMPTON, PEGGY
STREET ADDRESS RT. 22 BOX 22000
CITY-ST-ZIP LAKE CITY FL 32024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 216 SW Long Leaf Dr.
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 216 SW Long Leaf Dr.
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Peggy Hampton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-06 386-755-0919

Date

Daytime Phone #