

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000110850

1. Entity Name

OHH INVESTMENTS, INC.



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUN 26 PM 2:45

Principal Place of Business

1543 SAN LUIS RD
TALLAHASSEE, FL 32304 US

Mailing Address

1543 SAN LUIS RD
TALLAHASSEE, FL 32304 US



06262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3650131

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLETCHER, JERRY R JR.
1543 SAN LUIS ROAD
TALLAHASSEE, FL 32304

**DO NOT WRITE
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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME FLETCHER, JERRY R
STREET ADDRESS 1543 SAN LUIS RD
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE V
NAME FLETCHER, DIANE H
STREET ADDRESS 1543 SAN LUIS RD
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

700131753967
08/27/08--01001--003 **150.00

**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 #