

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90015 012 ***150.00

DOCUMENT # S34004	
1. Entity Name HRH HOLDINGS, INC.	

Principal Place of Business 221 PABLO RD PONTE VEDRA BCH, FL 32082 US	Mailing Address 221 PABLO RD PONTE VEDRA BCH, FL 32082 US
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2. Principal Place of Business 344 PONTE VEDRA BLVD Suite, Apt. #, etc.	3. Mailing Address 344 PONTE VEDRA BLVD Suite, Apt. #, etc.
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City & State PONTE VEDRA BCH, FL	City & State PONTE VEDRA BCH, FL
Zip 32082	Country ST. JOHNS

40037510



02212006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent DUSS, JOHN S. IV 10110 SAN JOSE BLVD JACKSONVILLE, FL 32257		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCVP HOWE, DEBORAH M. 221 PABLO RD PONTE VEDRA BEACH, FL 32082 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 344 PONTE VEDRA BLVD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOWE, REX R. 221 PABLO RD PONTE VEDRA BEACH, FL 32082 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 344 PONTE VEDRA BLVD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS DUSS, JOHN S IV 10110 SAN JOSE BLVD JACKSONVILLE, FL 32257 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06

Date

904.476.0755

Daytime Phone #