

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90001 043 ***150.00

DOCUMENT # S34004

1. Entity Name
HRH HOLDINGS, INC.



Principal Place of Business
**344 PONTE VEDRA BLVD
PONTE VEDRA BCH, FL 32082 US**

Mailing Address
**344 PONTE VEDRA BLVD
PONTE VEDRA BCH, FL 32082 US**

40040163



02192007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3054777

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DUSS, JOHN S. IV
10110 SAN JOSE BLVD
JACKSONVILLE, FL 32257**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DCVP
HOWE, DEBORAH M.
344 PONTE VEDRA BLVD
PONTE VEDRA BEACH, FL 32082**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
HOWE, REX R.
344 PONTE VEDRA BLVD
PONTE VEDRA BEACH, FL 32082**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVPS
DUSS, JOHN S IV
10110 SAN JOSE BLVD
JACKSONVILLE, FL 32257**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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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

2/20/07 **904.476.0755**
Date Daytime Phone #