

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90016 009 ***158.75

DOCUMENT # S54597

1. Entity Name
HFH, INC.



Principal Place of Business

4653 GENOA DR.
FERNANDINA BEACH, FL 32035 US

Mailing Address

PO BOX 15817
FERNANDINA BEACH, FL 32035-3114 US

14000242



03102004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0264490

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

FERGUSON, RICHARD D
4653 GENOA DR
FERNANDINA BEACH, FL 32034

**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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FERGUSON, RICHARD
STREET ADDRESS 4653 GENOA DR.
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE VD
NAME HILSON, WILLIAM
STREET ADDRESS 6745 SOUTH TROPICAL TRAIL
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE STD
NAME HOUHA, NANCY
STREET ADDRESS 6745 S. TROPICAL TRAIL
CITY-ST-ZIP MERRITT ISLAND, FL 32952

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 exemption stated in Section 119.07(3)(i), 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

NANCY HOUHA

3/14/2004

Daytime Phone #

9043212005