

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 06, 2008 8:00 am
Secretary of State

05-14-2008 90015 043 ***150.00

DOCUMENT # S78573 1. Entity Name H. & P.D. ENTERPRISES, INC.	
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Principal Place of Business
**525 22ND STREET SO
SAINT PETERSBURG, FL 33712**

Mailing Address
**525 22ND STREET SO
SAINT PETERSBURG, FL 33712**

DO NOT WRITE IN THIS SPACE



04232008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3083056	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DENNE, PETER
525 22ND STREET SO
SAINT PETERSBURG, FL 33716**

**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 reappointing)

DATE _____

**FILE NOW!!! FEB IS \$150.00
After May 1, 2008 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	PDT DENNE, HEIDI 2002-59TH STREET SO GULFPORT, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS DENNE, PETER 2002-59TH STREET SO GULFPORT, FL 33707
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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

6/3/08

Date

727-343-1327

Daytime Phone #