


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90088 015 \*\*\*158.75

<b>DOCUMENT # S99248</b>	
1. Entity Name HPF, INC.	

Principal Place of Business 7735 PKWY BLVD HUDSON, FL 34667 US	Mailing Address 7735 PKWY BLVD HUDSON, FL 34667 US
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60008962



2. Principal Place of Business - No P.O. Box # 14128 WHITECAP AVE	3. Mailing Address 14128 WHITECAP AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01182007 Chg-P CR2E034 (12/06)

City & State HUDSON FL	City & State HUDSON, FL
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4. FEI Number 65-0300747	Applied For <input type="checkbox"/> Not Applicable
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Zip 34667	Country US	Zip 34667	Country US
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent	
FADOU, PIERRE 7735 PKWY BLVD HUDSON, FL 34667	

7. Name and Address of New Registered Agent	
Name	FADOU, MARY
Street Address (P.O. Box Number is Not Acceptable)	14128 WHITECAP AVE
City	HUDSON FL
Zip Code	34667

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: *Mary Fadoul* MARY FADOU 1/18/2007

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME FADOU, MARY	
STREET ADDRESS 7735 PKWY BLVD	
CITY-ST-ZIP HUDSON, FL	
TITLE VP	<input type="checkbox"/> Delete
NAME FADOU, PIERRE	
STREET ADDRESS 7735 PKWY BLVD	
CITY-ST-ZIP HUDSON, FL	
TITLE S	<input type="checkbox"/> Delete
NAME FADOU, MARY	
STREET ADDRESS 7735 PKWY BLVD	
CITY-ST-ZIP HUDSON, FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FADOU, MARY	
STREET ADDRESS 14128 WHITECAP AVE	
CITY-ST-ZIP HUDSON, FL 34667	
TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FADOU, PIERRE	
STREET ADDRESS 14128 WHITECAP AVE	
CITY-ST-ZIP HUDSON, FL 34667	
TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FADOU, MARY	
STREET ADDRESS 14128 WHITECAP AVE	
CITY-ST-ZIP HUDSON FL 34667	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Mary Fadoul* MARY FADOU 1/18/2007 727-863-4764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #