

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # V18709

1. Entity Name

H.R.H. SAFETY AND HEALTH SYSTEMS, INC.



Principal Place of Business

2245 PLANTATION DR
STE 56
ORANGE PARK FL 32003
US

Mailing Address

2245 PLANTATION DR
STE 56
ORANGE PARK FL 32003
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number
59-3109199

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, C. HOLT, III
BLACKSTONE BUILDING
233 E BAY STREET STE 950
JACKSONVILLE FL 32202

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 1)

TITLE PD ☐ Delete
NAME HICE, HOWARD R., SR.
STREET ADDRESS 1856 HICKORY TRACE
CITY-STATE-ZIP ORANGE PARK FL 32003

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-ZIP
000000457149
03/16/06-80059-007 150.00

TITLE STD ☐ Delete
NAME HICE, DONA MARIE
STREET ADDRESS 1856 HICKORY TRACE
CITY-STATE-ZIP ORANGE PARK FL 32003

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Add
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TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Howard R. Hice, Sr.

2/28/06