

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22000008286

Entity Name: H&V FACILITY SOLUTIONS INC.**Current Principal Place of Business:**44 BOYLSTON CT
ST. AUGUSTINE, FL 32092**Current Mailing Address:**44 BOYLSTON CT
ST. AUGUSTINE, FL 32092 US**FEI Number:** 88-0670928**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZENBUSINESS INC.
336 E. COLLEGE AVE.
SUITE 301
TALLAHASSEE, FL 32301 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIR
Name	HAMMER, DOMONIQUE
Address	44 BOYLSTON CT
City-State-Zip:	ST. AUGUSTINE FL 32092

Title	P
Name	HAMMER, DOMONIQUE
Address	44 BOYLSTON CT
City-State-Zip:	ST. AUGUSTINE FL 32092

Title	VP
Name	VICKERY, RYAN
Address	609 LOOKOUT LAKES DRIVE
City-State-Zip:	JACKSONVILLE FL 32220

Title	DIR
Name	VICKERY, RYAN
Address	609 LOOKOUT LAKES DRIVE
City-State-Zip:	JACKSONVILLE FL 32220

Title	S
Name	HAMMER, DOMONIQUE
Address	44 BOYLSTON CT
City-State-Zip:	ST. AUGUSTINE FL 32092

Title	T
Name	VICKERY, RYAN
Address	609 LOOKOUT LAKES DRIVE
City-State-Zip:	JACKSONVILLE FL 32220

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RYAN VICKERY

VICE PRESIDENT

03/22/2024

Electronic Signature of Signing Officer/Director Detail_____
Date