## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000094343

**Entity Name: H2A CORPORATION** 

2475 NORTHWINDS PARKWAY SUITE 200

**FILED** Feb 16, 2024 **Secretary of State** 6826505429CC

**Current Principal Place of Business:** 

ALPHARETTA, AL 30009

## **Current Mailing Address:**

2475 NORTHWINDS PARKWAY SUITE200 ALPHARETTA, GA 30009 US

FEI Number: 47-1735870 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

REGISTERED AGENTS INC 7901 4TH ST N STE 300 ST. PETERSBURG, FL 33702 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: BILL HAVRE 02/16/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **PRESIDENT** Title **SECRETARY** 

HILLERMANN, PETER WATKINS-BREATHWIT, CHRISTIE Name Name

2475 NORTHWINDS PARKWAY 200 Address Address 2475 NORTHWINDS PARKWAY SUITE

City-State-Zip: ALPHARETTA GA 30009 City-State-Zip: ALPHARETTA GA 30009

Title **TREASURER** 

Title DIRECTOR Name HILLERMANN, PETER

Address 2475 NORTHWINDS PARKWAY 200

2475 NORTHWINDS PARKWAY SUITE Address ALPHARETTA GA 30009 City-State-Zip:

Name

City-State-Zip: ALPHARETTA GA 30009

MCCOLLISTER, RYAN

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: PETER HILLERMANN **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

02/16/2024 Date