


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 395666**  
1. Entity Name  
**HESS MANAGEMENT, INC.**



Principal Place of Business      Mailing Address  
**6558 DOG TRACK**      **6558 DOG TRACK**  
**EBRO, FL 32437 US**      **EBRO, FL 32437 US**

**DO NOT WRITE IN THIS SPACE**



04122004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-1396866**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**HESS, STOCKTON R**  
**6512 DOG TRACK RD.**  
**EBRO, FL 32437**

**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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

**U00000116003**  
**04/16/04-80046-023 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HESS, HARRY L. 10102 WOODSING WAY TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD HESS, ROBERT 10102 WOODSING WAY TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HESS, MARGARET G 10102 WOODSONG WAY TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STEVENS, CRAIG 3181 CRYSTAL LAKE DR CHIPLEY, FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HESS, STOCKTON R 6512 DOG TRACK RD. EBRO, FL 32437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Stan Hess*      **4/14/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #