

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # F01000002461

1. Entity Name  
**HIT PRODUCTS CORPORATION OF CALIFORNIA**



Principal Place of Business Mailing Address  
**556 S. MIRAGER PO BOX 929**  
**LINDSAY CA 93247 LINDSAY CA 93247**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **94-2823123** Applied For  
 Not Applicable

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORDUA, PAUL**  
**9840 CURRIE DAVIS DR.**  
**TAMPA FL 33619**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CORDUA, PAUL M	
STREET ADDRESS	556 S. MIRAGE	
CITY- ST- ZIP	LINDSAY CA	
TITLE	V	<input type="checkbox"/> Delete
NAME	VOGT, WILLIAM R	
STREET ADDRESS	556 S. MIRAGE	
CITY- ST- ZIP	LINDSAY CA	
TITLE	S	<input type="checkbox"/> Delete
NAME	CORDUA, MARILYN J	
STREET ADDRESS	556 S. MIRAGE	
CITY- ST- ZIP	LINDSAY CA	
TITLE	V	<input type="checkbox"/> Delete
NAME	COOK, GEORGE R	
STREET ADDRESS	556 S MIRAGE	
CITY- ST- ZIP	LINDSAY CA 93247	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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 04/03/07-80013-001 150.00

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: *Marilyn J. Cordua* **Marilyn J. Cordua** 3/22/07 559-562-5975  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #