


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # F01000002461**

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



Principal Place of Business      Mailing Address

**556 S. MIRAGER  
LINDSAY CA 93247**      **PO BOX 929  
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

1st MOORE      CR2E034 (10/07)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reconstituting)

**FILE-NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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

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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000000864504     Change     Addition  
04/04/08-80017-012 150.00

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 empoweres.

SIGNATURE: *Marilyn J. Cordua*      *3/17/08*      *559-562-5975*  
**Marilyn J. Cordua**      **3/17/08**      **559-562-5975**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #