


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 08:00 AM**  
**Secretary of State**

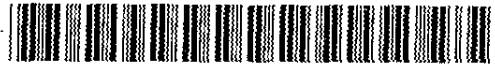
DOCUMENT # F02000001583  
 1. Entity Name  
 HITE THREE, INC.



Principal Place of Business  
 P.O. BOX 4  
 TOMS RIVER, NJ 08754

Mailing Address  
 P.O. BOX 4  
 TOMS RIVER, NJ 08754

**DO NOT WRITE IN THIS SPACE**



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number  
 22-3840257

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 PRATT, DAVID ESQ.  
 C/O DAVID PRATT AND ASSOCIATES, P.A.  
 2101 CORPORATE BLVD., STE. 220  
 BOCA RATON, FL 33431

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

**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

000000071391  
 03/01/04-00069-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CITTA, J. PHILLIP P.O. BOX 4 TOMS RIVER, NJ 08754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CITTA, ROSANNE L P.O. BOX 4 TOMS RIVER, NJ 08754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CITTA, JOSEPH A JR PO BOX 4 TOMS RIVER, NJ 08754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000070277  
 02/28/04-00020-000 150.00

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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: J. Phillip Citta Date: 2/18/04 Daytime Phone #: 732-349-1600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR