


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # G32453

1. Entity Name
HULETT ENVIRONMENTAL SERVICES, INC.



Principal Place of Business Mailing Address

% TIMOTHY M. HULETT **P. O. BOX 10529**
1959 WEST NINTH STREET **RIVIERA BEACH, FL 33404 US**
RIVIERA BEACH, FL 33404

DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2282352 Not Applicable

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

6. Name and Address of Current Registered Agent

HURD, HORVATH & DINKIN PA
8295 N. MILITARY TRAIL
PLAM BCH GARDENS, FL 33410

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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

10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD HULETT, TIMOTHY M. 108 BLOOMFIELD DRIVE WEST PALM BEACH, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST HULETT, ELIZABETH B 108 BLOOMFIELD DRIVE WEST PALM BEACH, FL |
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 01/12/04-80028-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Timothy M. Hulett Elizabeth B. Hulett 11/104 561-844-8444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #