

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90022 048 \*\*\*\*61.25

**DOCUMENT # N98000002511**

1. Entity Name

HISWAYS USA, INC.



Principal Place of Business

Mailing Address

PO BOX 76514  
ST. PETERSBURG FL 33734-6514

PO BOX 76514  
ST. PETERSBURG FL 33734-6514



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

CR2E037 (10/07)

4. FEI Number  
**59-3533083**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLENK, RICHARD E SR  
152 SW MONROE CIRCLE N.  
ST. PETERSBURG FL 33703

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Delete ☐

DCP  
KLENK, RICHARD E  
152 SW MONROE CIR N  
ST PETERSBURG FL 33703

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Change ☐ Addition ☐

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Delete ☐

DV  
MOORE, JOHN  
7727 83RD STREET N  
SEMINOLE FL 33733

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Change ☒ Addition ☐

6310 86<sup>TH</sup> AVENUE N.  
PIVELLAS PARK FL 33782

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Delete ☐

D  
MARDEN, DAVE  
5925 ORION DR.  
SEBRING FL 33872

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Change ☐ Addition ☐

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Delete ☐

DST  
CRUZ GONZALEZ, HELION W  
535 25TH AVE. ST.  
SAINT PETERSBURG FL 33705

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Change ☐ Addition ☐

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Delete ☐

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Change ☐ Addition ☐

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Delete ☐

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Change ☐ Addition ☐

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 617, 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: Richard E. Klenk RICHARD E. KLENK 2/4/08 727-526-4790