

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000032684

1. Entity Name  
H.C. VENTURES INC



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 MAY -4 PM 3:21

Principal Place of Business  
PO BOX 208  
MIDWAY, FL 32343

Mailing Address  
PO BOX 208  
MIDWAY, FL 32343

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05042004

Chg-P

CR2E034 (10/03)

4. FEI Number  
59-3745588

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COX, K STEPHEN  
4340 WINDY PINE CT  
TALLAHASSEE, FL 32305

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MAJOR, BRENDA  
PO BOX 208 N/A  
MIDWAY, FL 32343 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
COX, DORCAS  
PO BOX 208 N/A  
MIDWAY, FL 32343 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
COX, K. STEPHEN  
PO BOX 208 N/A  
MIDWAY, FL 32343 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
COX, K.S.  
PO BOX 208 N/A  
MIDWAY, FL 32343 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800035433058  
05/05/04--01001--005 \*\*\$61.25 ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
DOROTHY M. HENRY  
P.O. BOX 208  
MIDWAY FL 32343 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T.  
PAUL ROBERTS JR  
P.O. BOX 208  
MIDWAY FL 32343 ☐ Change ☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/04

Date

580 4500

Daytime Phone #