2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Jan 20, 2004 8:00 am **Secretary of State DOCUMENT # P94000020503** 1. Entity Name 01-20-2004 90063 003 ***150.00 H. C. TRADING COMPANY, INC. Principal Place of Business Mailing Address 1012 PANFERIO DRIVE GULF BREEZE, FL 32561 1012 PANTERIA DRIVE **86120052** GULF BREEZE, FL 32561 3. Mailing Address 2. Principal Place of Business 7510 1200 Suite, Apt. #, etc. Suite, Apt. #, etc. 01132004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3226889 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32526 Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRITZ, BLAINE Street Address (P.O. Box Number Is Not Acceptable) 1012 PANFERJO PENSACOLA BEACH, FL 32561 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. (NOTE: Renistered Agent signature required whon constituci) Signature, typed or printed name of registered ac-FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. DPST Change Delete TITLE DPST NAME FRITZ, BLAIÑE A NAME STREET ADDRESS 1012 PANFERIO DRIVE STREET ADDRESS PENSACÒLÁ, FL 32561 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CHTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE Delete TITLE Change | Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE 4-1219Am NAME NAME FROZ, BU STREET ADDRESS STREET ADDRESS CITY-ST-ZP 12. I hereby certify that the information supplied with this filling 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 opporation 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. Blance F. t. 1-13-04

FILED

Daytime Phone i