


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90042 037 ***150.00

DOCUMENT # P94000020503

1. Entity Name
H. C. TRADING COMPANY, INC.



Principal Place of Business Mailing Address

1012 PANTERIA DRIVE **7910 THOMLEY TRL**
GULF BREEZE, FL 32561 **GULF BREEZE, FL 32561**

40015964



2. Principal Place of Business 3. Mailing Address

7910 Thomley TRL Suite, Apt. #, etc.

Suite, Apt. #, etc. Suite, Apt. #, etc.

02012005 Chg-P CR2E034 (10/03)

City & State City & State

Pensacola FL City & State

Zip Country Zip Country

32526 *Escambia* Zip Country

4. FEI Number Applied For

59-3226889 Not Applicable

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

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6. Name and Address of Current Registered Agent

FRITZ, BLAINE
7910 THOMLY TRL
PENSACOLA BEACH, FL 32561

7. Name and Address of New Registered Agent

Name *Peggy Fritz*

Street Address (P.O. Box Number is Not Acceptable)

7910 Thomley TRL

City State Zip Code

Pensacola **FL** *32526*

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: *Peggy Fritz* *Peggy Fritz*

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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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10. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> Delete
NAME	FRITZ, BLAINE A	
STREET ADDRESS	7910 THOMLY TRL	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE	V	<input type="checkbox"/> Delete
NAME	FRITZ, FRANKLIN	
STREET ADDRESS	7910 THOMLY TRL	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Blaine Fritz* Date: *2/10/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #