


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000020503
 1. Entity Name
H. C. TRADING COMPANY, INC.



Principal Place of Business 7910 THOMLEY TRL PENSACOLA, FL 32526	Mailing Address 7910 THOMLEY TRL GULF BREEZE, FL 32561
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DO NOT WRITE IN THIS SPACE



01022007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3226889	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 FIITZ, PEGGY
 7910 THOMLY TRL
 PENSACOLA, FL 32526

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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	DPT FRITZ, BLAINE A 7910 THOMLY TRL PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FRITZ, FRANKLIN 7910 THOMLY TRL PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRITZ, PEGGY 7910 THOMLY TRAIL PENSACOLA, FL 32526
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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 1-9-07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #