

SO3168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

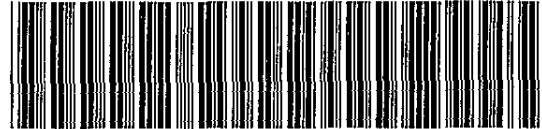
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

04 MAR -9 AM 8:48

FILED

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HADRONIC PRESS, INC.
(Name of Corporation)

DOCUMENT NUMBER: SO3168

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLA SANTILLI, PRESIDENT
(Name of Person)

HADRONIC PRESS, INC.
(Name of Firm/Company)

35246 US 19 NORTH # 215
(Address)

PALM HARBOR, FL 34684
(City/State and Zip Code)

For further information concerning this matter, please call:

CARLA SANTILLI at (727) 934 9593
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
04 MAR -9 AM 8:48
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

I, GARY WILSON, hereby resign as DIRECTOR
(Title)

of HADRONIC PRESS, INC.
(Name of Corporation)

503168 a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Gary Wilson February 27, 2004
(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314