


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 505859</b> 1. Entity Name PNEUMATICO, INC.	
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Principal Place of Business 5090 S. INDUSTRY DR. MELBOURNE, FL 32941 US	Mailing Address P.O. BOX 410310 MELBOURNE, FL 32941
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04142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1757248	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**

HILLIARD, O R  
6845 S. TROPICAL TRAIL  
MERRITT ISLAND, FL 32952

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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	PD HILLIARD, L M 6845 S. TROPICAL TRAIL MERRITT ISLAND, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HILLIARD, L M 6845 S. TROPICAL TRAIL MERRITT ISLAND, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HILLIARD, D R 2932 KENSINGTON RD. MELBOURNE, FL 32935
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/19/04-80114-025 158.00

**DO NOT WRITE  
IN THIS SPACE**

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

4-13-04

Date

321-453-5835

Daytime Phone #