

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90106 043 ***150.00

DOCUMENT # 655688

1. Entity Name

HF SCIENTIFIC, INC.



Principal Place of Business

3170 METRO PKWY
FT MYERS FL FL 33916-7597
US

Mailing Address

3170 METRO PKWY
FT MYERS FL 33916
US

50050558



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1985883

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALEY, ROBERT J
3170 METRO PKWY
FT MYERS FL 33916

Name

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

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHARPE, PETER F.	
STREET ADDRESS	3170 METRO PARKWAY	
CITY-ST-ZIP	FT MYERS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MALEY, ROBERT J	
STREET ADDRESS	3170 METRO PKWY	
CITY-ST-ZIP	FT MYERS FL	
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	PRESIDENT + CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICK O'KEEFE	
STREET ADDRESS	815 CHESTNUT STREET	
CITY-ST-ZIP	NORTH ANDOVER, MA 01845	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT + TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM C. MCCARTNEY	
STREET ADDRESS	815 CHESTNUT STREET	
CITY-ST-ZIP	NORTH ANDOVER, MA 01845	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUGLAS T. WHITE	
STREET ADDRESS	1725 West Williams DRIVE, C-20	
CITY-ST-ZIP	PHOENIX, AZ 85027	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lester Taufen	
STREET ADDRESS	815 Chestnut Street	
CITY-ST-ZIP	NORTH ANDOVER, MA 01845	
TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNETH LEPAGE	
STREET ADDRESS	815 CHESTNUT STREET	
CITY-ST-ZIP	NORTH ANDOVER, MA 01845	

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:

Robert J. Maley

3-18-05 239 337 2116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT

Date

Daytime Phone #