

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849480

FILED  
Jan 16, 2004  
Secretary of State

Entity Name: HIT PROMOTIONAL PRODUCTS, INC.

**Current Principal Place of Business:**

7150 BRYAN DAIRY RD  
LARGO, FL 33777 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 10200  
SAINT PETERSBURG, FL 33733 US

**New Mailing Address:**

FEI Number: 59-2095421      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOWLER WHITE BOGGS BANKER P.A.  
FOWLER WHITE BEGGS BANKER P.A.  
501 E. KENNEDY BLVD. STE 1700  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SCHMIDT, ARTHUR W II, I  
Address: 7150 BRYAN DAIRY RD  
City-St-Zip: LARGO, FL

Title: V ( ) Delete  
Name: SCHMIDT, AUTHUR W IV  
Address: 7150 BRYAN DAIRY ROAD  
City-St-Zip: LARGO, FL 33777

Title: CFOS ( ) Delete  
Name: MEADOWS, GARY  
Address: 7150 BRYAN DAIRY RD  
City-St-Zip: LARGO, FL 33777

Title: AS ( ) Delete  
Name: SCHMIDT, ELIZABETH  
Address: 7150 BRYAN DAIRY RD  
City-St-Zip: LARGO, FL 33777

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY D. MEADOWS

CFOS

01/16/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date