


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000001926</b> 1. Entity Name HONTZ ELEVATOR OF FLORIDA, INC.	
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Principal Place of Business 1271 LA QUINTA DR UNIT 4 ORLANDO, FL 32809	Mailing Address P.O. BOX 1717 WALLINGFORD, CT 06492-1717
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01202004 No Chg-P CR2E034 (10/03)

4. FEI Number 06-1614598	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

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IN THIS SPACE**

6. Name and Address of Current Registered Agent  POHL & SHORT, P.A. 280 W. CANTON AVE. SUITE 410 WINTER PARK, FL 32789
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating) 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	DP HONTZ, DRUE JR. 20 BURRAGE COURT CHESHIRE, CT 06410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCABE, JAMES 743 FOUNDRY STREET EASTON, MA 02375
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MICHALOWSKI, PAUL 25 GATEWAY COURT CHESHIRE, CT 06410
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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:**  **PAUL MICHALOWSKI** 1/20/04 203-449161  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #