

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000005876

1. Entity Name
HOSPITEC, INC.



Principal Place of Business
**285 GRANADA ROAD
WEST PALM BEACH, FL 33401**

Mailing Address
**285 GRANADA ROAD
WEST PALM BEACH, FL 33401**

DO NOT WRITE IN THIS SPACE

08092004 No Chg-P CR2E034 (10/03)

4. FEI Number
98-0360938

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAHN, CHRISTOPHER
285 GRANADA ROAD
WEST PALM BEACH, FL 33401**

**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 terminating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
PRICE, SCOTT
5160 68TH AVE., S.E.
CALGARY, ALBERTA T2C-4N8,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSVC
HUTCHINGS, DARRELL
5160 68TH AVE., S.E.
CALGARY, ALBERTA T2C-4N8,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
PRICE, SCOTT
5160 68TH AVE., S.E.
CALGARY, ALBERTA T2C-4N8,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
HUTCHINGS, WARREN W
5160 68TH AVE., S.E.
CALGARY, ALBERTA T2C-4N8,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000170382
08/19/04-80001-010 150.00

**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 19.07(3)(f), 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:

Scott Price **SCOTT PRICE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 9/04 **403-203-7000**
Date Daytime Phone