

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 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



04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PRICE, SCOTT
STREET ADDRESS	5160 68TH AVE., S.E.
CITY-ST-ZIP	CALGARY, ALBERTA T2C-4N8,
TITLE	VSVC
NAME	HUTCHINGS, DARRELL
STREET ADDRESS	5160 68TH AVE., S.E.
CITY-ST-ZIP	CALGARY, ALBERTA T2C-4N8,
TITLE	T
NAME	PRICE, SCOTT
STREET ADDRESS	5160 68TH AVE., S.E.
CITY-ST-ZIP	CALGARY, ALBERTA T2C-4N8,
TITLE	C
NAME	HUTCHINGS, WARREN W
STREET ADDRESS	5160 68TH AVE., S.E.
CITY-ST-ZIP	CALGARY, ALBERTA T2C-4N8,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT PRICE

Apr 7/05

Date

(403) 203-7000

Daytime Phone #