

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # F06000002454

1. Entity Name
H.G.I.D., INC.



Principal Place of Business
320 GRANITE RUN DR
LANCASTER, PA 17601

Mailing Address
POBOX 3320
LANCASTER, PA 17604-3320



02182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-2182039

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE IDLAND ROAD
PLANTATION, FL 33324

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000874428
04/10/08-80119-006 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KING, DAVID C CEO
STREET ADDRESS 320 GRANITE RUN DR
CITY-ST-ZIP LANCASTER, PA 17601

TITLE VPD
NAME BERNDT, DAVID J
STREET ADDRESS 320 GRANITE RUN DR
CITY-ST-ZIP LANCASTER, PA 17601

TITLE VPD
NAME PETERSON, DOUGLAS D
STREET ADDRESS 600 FARM LANE
CITY-ST-ZIP DOYLESTOWN, PA 18901

TITLE VPD
NAME KOLBER, LOUIS R
STREET ADDRESS 122 COMMONS CRT
CITY-ST-ZIP CHADDS FORD, PA 19317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

2/18/08

717.581-9800