

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90158 002 \*\*\*150.00

<b>DOCUMENT # G06205</b> 1. Entity Name <b>HTP, INC.</b>																																	
Principal Place of Business <b>% WILLIAM E TROXELL</b> <b>237 LAFFITTE CRESCENT</b> <b>FT WALTON BEACH, FL 32547</b>			Mailing Address <b>% WILLIAM E TROXELL</b> <b>234 LAFFITTE CRESCENT</b> <b>FT WALTON BEACH, FL 32547</b>																														
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>237 LAFITTE CRESCENT</b>  Suite, Apt. #, etc.																															
City & State  City: <b>FT. WALTON BCH, FL</b>		City & State <b>FT. WALTON BCH, FL</b>		4. FEI Number <b>59-2236658</b>																													
Zip <b>32547</b>		Country <b>OKLAHOMA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																													
6. Name and Address of Current Registered Agent  <b>TROXELL, WILLIAM E</b> <b>234 LAFFITTE CRESCENT</b> <b>FT WALTON BEACH, FL 32547</b>				7. Name and Address of New Registered Agent Name: <b>WILLIAM E. TROXELL</b> Street Address (P.O. Box Number is Not Acceptable): <b>237 LAFITTE CRESCENT</b> City: <b>FT. WALTON BCH</b> <b>FL</b> Zip Code: <b>32547</b>																													
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: <u><i>William E. Troxell</i></u> DATE: <u>3-30-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																																	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;">           PD  <b>TROXELL, WILLIAM E</b>  <b>237 LAFFITTE CRESCENT</b>  <b>FT WALTON BCH, FL 00000,</b> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>TROXELL, WILLIAM E</b> <b>237 LAFFITTE CRESCENT</b> <b>FT WALTON BCH, FL 00000,</b> <input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
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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: <u><i>William E. Troxell</i></u> <b>William E. TROXELL</b> DATE: <u>3-30-05</u> <b>850 862-6650</b> <small>Signature and typed or printed name of signing officer or director</small>																																	