

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G47875

FILED  
Mar 08, 2006  
Secretary of State

Entity Name: HI-TEC ASSOCIATES, INC.

**Current Principal Place of Business:**

5300 S FLORIDA AVE. UNIT G3  
PO BOX 5526 (ZIP 33807)  
LAKELAND, FL 33813

**New Principal Place of Business:**

**Current Mailing Address:**

5300 S FLORIDA AVE. UNIT G3  
PO BOX 5526 (ZIP 33807)  
LAKELAND, FL 33813

**New Mailing Address:**

FEI Number: 59-2296628      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GONZALEZ, JOSEPH M.  
5300 S. FLORIDA AVENUE  
SUITE G3  
LAKELAND, FL 33813 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GONZALEZ, JOSEPH M.,  
Address: 5300 S FLORIDA AVE, SUITE G3  
City-St-Zip: LAKELAND, FL

Title: VTD ( ) Delete  
Name: REED, CHARLES W.,  
Address: 5340 LOCH PLACE  
City-St-Zip: LAKELAND, FL

Title: VSD ( ) Delete  
Name: BRADLEY, ALAN S.,  
Address: 7505 SOMERSET SHORES COURT  
City-St-Zip: ORLANDO, FL 32819 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES DIGGS

CFO

03/08/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date