## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** Jan 06, 2005 08:00 AM

DOCUMENT # H34578  1. Entity Name HTH INC.			Secretary of State			
711 JACKSO	IM AVE	Mailing Address 711 JACKSON AVE WINTER PARK, FL 32789 \	JS	I INCIPII M		: SIN'T KINIC 4'51 NIN'T 8'51 KIN'THIN I' (45)
DO NOT WRITE IN THIS SPACE			CE	01032005 No Chg-P CR2E034 (10/03)  4. FEI Number S9-2471535 Applied For Not Applicable  5. Certificate of Status Desired   \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent						
ELMER, WILLIAM A. 1010 TEMPLE GROVE WINTER PARK, FL 32789  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.						
tilo daligationia di regiotarea agonti.						
SIGNATURE Signature, typod or printed name of registered egent and title if applicable (NOTE Registered Age				ed when reinstating)	<del>-</del>	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution.		5.00 May Be ided to Fees		
10.	OFFICERS AND DIRE	CTORS			-	
NAME STREET ADDRESS CITY+ST-ZIP	CEOD ELMER, WILLIAM A 1010 TEMPLE GROVE WINTER PARK, FL				<u>                                     </u>	0172828 -80012-005 [50.00
NAME STREET ADDRESS CITY-ST-ZIP	PD ELMER, SHARON W. 1010 TEMPLE GROVE WINTER PARK, FL				011 AD\ NO.	_eonis_nn2 [20].W
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELMER, STEVEN W 1351 ONECO WINTER PARK, FL 32789		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SF	PACE
TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR