


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # H92205 1. Entity Name HI-TIDE SALES, INC.	
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Principal Place of Business % DONALD M. WOOD, II 4050 SELVITZ RD. FT. PIERCE, FL 34981	Mailing Address % DONALD M. WOOD, II 4050 SELVITZ RD. FT. PIERCE, FL 34981
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0095393	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GOOGE, HOWARD E 401 E OSCEOLA ST STUART, FL 34994

**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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTS WOOD, DONALD M. II 4050 SELVITZ RD FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREENE, RICHARD R 2571 SE PRICE CT PORT ST LUCIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUMPHREYS, DAVID 1280 SW 25TH LN PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/15/04-80096-008 150.00

**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

Date

Daytime Phone #

Richard R. Greene **RICHARD R. GREENE** 3/11/04 772-4601-4660