

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90073 031 ***150.00

DOCUMENT # J49517

1. Entity Name
HILE CONTROLS OF FLORIDA, INC.



Principal Place of Business
**209 N MOSS RD.
SUITE 209
WINTER SPRINGS, FL 32708 US**

Mailing Address
**209 N MOSS RD.
SUITE 209
WINTER SPRINGS, FL 32708 US**

40099494



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

03232007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
58-1716203

Applied For
Not Applicable

City & State

City & State

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

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

**SCUDERI, JEFF F MR.
104 TRACE PT
WINTER SPRINGS, FL 32708**

7. Name and Address of New Registered Agent

Name **Jeff F Scuderi**
Street Address (P.O. Box Number is Not Acceptable)
209 N Moss Rd
Suite 209
City **Winter Springs** FL Zip Code **32708**

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

Jeff Scuderi

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/14/07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HILE, W.K.**
STREET ADDRESS **5300 GORHAM DR**
CITY-ST-ZIP **CHARLOTTE, NC**

TITLE **DP** ☐ Delete
NAME **SCUDERI, JEFF F**
STREET ADDRESS **104 TRACE PT**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **DST** ☒ Delete
NAME **SCUDERI, BETH F**
STREET ADDRESS **104 TRACE PT**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☒ Change ☐ Addition
NAME **Jeff Scuderi**
STREET ADDRESS **209 N Moss Rd Suite 209**
CITY-ST-ZIP **Winter Springs FL 32708**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Jeff Scuderi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/07

Date

407/327-8002

Daytime Phone #