

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # K62598	
1. Entity Name HI-TEMP, INC.	

Principal Place of Business 14653 JOE SUMNER ROAD WIMAUMA FL 33598	Mailing Address PO BOX 125 BALM FL 33503
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt #, etc.	Suite, Apt #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-2951073	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLEICH, DANIEL G.
2002 REDBRIDGE DR
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		
TITLE NAME	PD BLEICH, DANIEL G.	<input type="checkbox"/> Delete
STREET ADDRESS	14653 JOE SUMNER RD	
CITY-ST-ZIP	WIMAUMA FL 33598	
TITLE NAME	VD SCOTT, WESLEY	<input type="checkbox"/> Delete
STREET ADDRESS	3203 CLIFFORD SAMPLE DR.	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE NAME	S BLEICH, SHARON A	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 125	
CITY-ST-ZIP	BALM FL 33503	
TITLE NAME	TD BLEICH, JIMMIE J	<input type="checkbox"/> Delete
STREET ADDRESS	1853 LIVINGSTON RD	
CITY-ST-ZIP	LUTZ FL 33559	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

U00000730533
 05/08/07-80085-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Daniel G. Bleich* **4-6-07** **813-633-8580**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #