

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N30851</b> 1. Entity Name HY-TEK FOUNDATION FOR THE DISABLED, INC.					
Principal Place of Business C/O WILLIAM R. BATEMAN 121 BROWNING CIRCLE SE WINTER HAVEN, FL 33884				Mailing Address C/O WILLIAM R. BATEMAN 121 BROWNING CIRCLE SE WINTER HAVEN, FL 33884	
2. Principal Place of Business <i>Winter Haven, FL</i>		3. Mailing Address <i>121 Browning Circle, Winter Haven</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		02042004 Chg-NP CR2E037 (10/03)	
City & State <i>Winter Haven FL</i>		City & State <i>FL 33884</i>		4. FEI Number 58-9159005	
Zip <i>33884</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BATEMAN, WILLIAM R. 121 BROWNING CIRCLE SE WINTER HAVEN, FL 33884				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 <i>William R. Bateman</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <i>2/10/04</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BATEMAN, WILLIAM R. 121 BROWNING CIRCLE SE WINTER HAVEN, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President Neal E. Bateman 121 Browning Circle Winter Haven, FL 33884</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BATEMAN, DEAN K. 121 BROWNING CIRCLE SE WINTER HAVEN, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400029571384 03/01/04--01025--003 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BATEMAN, SUZANNE E. 121 BROWNING CIRCLE SE WINTER HAVEN, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNCAN, LORRAINE 113 LAKE FLORENCE DRIVE NO WINTER HAVEN, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 617, 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: <i>William R. Bateman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <i>2/10/04</i> DAYTIME PHONE # <i>863-324-1117</i>	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

William R. Bateman

2/10/04 863-324-1117