2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 10, 2004 08:00 AM DOCUMENT # P00000023902 **Secretary of State** 1. Entity Name HILE'S TRAPS, INC Principal Place of Business Mailing Address 7576 W. CHASSAHOWITZKA PT. HOMOSASSA FL 34448 7576 W. CHASSAHOWITZKA PT. HOMOSASSA FL 34448 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3630725 Not Applicable Zio Country Zio Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HILE, DALE Street Address (P.O. Box Number is Not Acceptable) 7576 W. CHASSAHOWITZKA PT. HOMOSASSA FL 34448 City 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 | Signature | typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE Delete THE Change Addition NAME HILE, DALE NAME 7576 W. CHASSAHOWITZKA PT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOMOSASSA FL 34448 CITY-ST-ZIP TITLE ☐ Delete BRLE Change Addition NAME MAME U00000044920 STREET ADDRESS STREET ADDRESS 02/11/04-80041-015 150.00 CITY - ST- ZIP CITY+ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP THE ☐ Delete me Change ☐ Addition_ NAME STREET ADDRESS STREET ADDRESS CTY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY ST-ZIP 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 suppliemental 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.

HILE President

1/07/04

FILED