

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000032684

1. Entity Name  
H.C. VENTURES INC



FILED

04 APR 26 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
PO BOX 208  
MIDWAY, FL 32343

Mailing Address  
PO BOX 208  
MIDWAY, FL 32343

2. Principal Place of Business

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
59-3745588

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COX, K STEPHEN  
~~4913 N. MONROE STREET~~  
TALLAHASSEE, FL 32312

Name

Street Address (P.O. Box Number is Not Acceptable)

City

4340 WINDY PINE CT  
TALLAHASSEE FL 32305

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 P  
NAME MAJOR, BRENDA  
STREET ADDRESS PO BOX 5572 N/A  
CITY-ST-ZIP TALLAHASSEE, FL 32344 ☐ Delete

TITLE S  
NAME COX, DORCAS  
STREET ADDRESS PO BOX 5572  
CITY-ST-ZIP TALLAHASSEE, FL 323145572 ☐ Delete

TITLE T  
NAME HUGHES, MILDRED  
STREET ADDRESS PO BOX 5572  
CITY-ST-ZIP TALLAHASSEE, FL 323145572 ☒ Delete

TITLE VP  
NAME COX, K.S.  
STREET ADDRESS PO BOX 5572  
CITY-ST-ZIP TALLAHASSEE, FL 323145572 ☐ Delete

TITLE E  
NAME COX, K Stephen  
STREET ADDRESS P.O. Box 208  
CITY-ST-ZIP MIDWAY FL 32343 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE BO. Box 208  
NAME  
STREET ADDRESS MIDWAY FL 32343 ☐ Change ☐ Addition

TITLE PO Box 208  
NAME  
STREET ADDRESS MIDWAY FL 32343 ☐ Change ☐ Addition

TITLE T  
NAME PAUL ROBERTS  
STREET ADDRESS P.O. Box 208  
CITY-ST-ZIP MIDWAY FL 32343 ☐ Change ☒ Addition

TITLE P.O. Box 208  
NAME  
STREET ADDRESS MIDWAY FL 32343 ☒ Change ☐ Addition

TITLE 300035770763  
NAME  
STREET ADDRESS 05/07/04--01081--004 \*\*150.00 ☐ Change ☐ Addition

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

(850) 580-4500