

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90323 016 ***150.00

DOCUMENT # P00000089995

1. Entity Name
UPSHOT, INC.



Principal Place of Business
127 W. FAIRBANKS AVE., #404
WINTER PARK, FL 32789

Mailing Address
127 W. FAIRBANKS AVE., #404
WINTER PARK, FL 32789

24046085



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3673669

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HITTLE, JOELLEN
127 W. FAIRBANKS AVE., #404
WINTER PARK, FL 32789

**DO NOT WRITE
IN THIS SPACE**

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 | D |
| NAME | HITTLE, CHARLES W |
| STREET ADDRESS | 127 W. FAIRBANKS AVE., #404 |
| CITY-ST-ZIP | WINTER PARK, FL 32789 |
| TITLE | D |
| NAME | HITTLE, JOELLEN |
| STREET ADDRESS | 127 W. FAIRBANKS AVE., #404 |
| CITY-ST-ZIP | WINTER PARK, FL 32789 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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: *Charles W. Hittle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-04

Date

407-691-061

Daytime Phone #