


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90007 014 ***150.00

DOCUMENT # P00000100876	
1. Entity Name HIT IT INC.	

Principal Place of Business 541 MARY ESTHER CUTOFF FT WALTON BEACH FL 32848	Mailing Address 541 MARY ESTHER CUTOFF FORT WALTON BEACH FL 32548
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2. Principal Place of Business 3905 INDIAN TRAIL	3. Mailing Address 3905 INDIAN TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DESTIN, FL.	City & State DESTIN FL.
Zip 32541	Country USA
Zip 32541	Country USA



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent LEE, JOHN M 541 MARY ESTHER CUTOFF FT WALTON BEACH FL 32848	
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 **JOHN M. LEE, PRESIDENT** *John M. Lee, President* **2/4/04**

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 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEE, JOHN M 541 MARY ESTHER CUTOFF FORT WALTON BEACH FL 32548 <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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 *John M. Lee, Pres.* **JOHN M. LEE, PRES.** **2/4/04** **850-837-1755**

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