

2008

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000003831

1. Entity Name  
HTF MANUFACTURING, INC.FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUN 18 AM 11:31

Principal Place of Business  
6925 STATE ROAD 60 WEST BLDG A  
MULBERRY, FL 33860Mailing Address  
6925 STATE ROAD 60 WEST BLDG A  
MULBERRY, FL 33860

01092007 No Chg-P CR2ED34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3689402	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

## 8. Name and Address of Current Registered Agent

CRUZ, PHILLIP  
6925 STATE ROAD 60 WEST BLDG A  
MULBERRY, FL 33860DO 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, 2007 Fee will be \$550.009. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fee100131504521  
06/19/08-01035 004 \*\*150.00

## 10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CRUZ, PHILLIP
STREET ADDRESS	311 LAKE DRIVE
CITY-ST-ZIP	LAKELAND, FL 33801

TITLE	VD
NAME	CRUZ, MARGARET E
STREET ADDRESS	311 LAKE DRIVE
CITY-ST-ZIP	LAKELAND, FL 33801

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 exemptions contained in Chapter 119, 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 #

1-11-08

863-869-8511

6/18