


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000072115</b> 1. Entity Name HMT UNLIMITED, INC.	
---	---

Principal Place of Business 4340 EDGEWATER DR ORLANDO, FL 32804	Mailing Address 4340 EDGEWATER DR ORLANDO, FL 32804
---	---

**DO NOT WRITE IN THIS SPACE**



02022007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3735655	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

TROTTER, GARY  
4340 EDGEWATER DR  
ORLANDO, FL 32804

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	--	--

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	TROTTER, GARY
STREET ADDRESS	1800 TAYLOR AVE.
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	P
NAME	HILLERMAN, EARL
STREET ADDRESS	152 SEVILLE CHASE DR
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	V
NAME	MIXON, ACEY
STREET ADDRESS	500 NICOLE BLVD.
CITY-ST-ZIP	OCOE, FL 34761
TITLE	T
NAME	HILLERMAN, ERIC
STREET ADDRESS	460 CROFTON DR
CITY-ST-ZIP	OCOE, FL 34761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000636519  
02/26/07-80024-003 150.00

**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  2/13/07 407 420 2001

\_\_\_\_\_  
Signature and Typed or Printed Name of Signing Officer or Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone #