

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90243 036 ***150.00

DOCUMENT # P02000003376

1. Entity Name

H. S. T. BROTHERS, INC.



Principal Place of Business

14560 PABLO TERR
JACKSONVILLE FL 32224

Mailing Address

RICHARD P GLEMAN, CPA
1351 13TH AVE., STE 140
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

13765 Harbor Creek PL
Suite, Apt. #, etc.

3. Mailing Address

13765 Harbor Creek PL
Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32224

Country

USA

Zip

32224

Country

USA

4. FEI Number

04-3604202

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIM, YEON K
14560 PABLO TERR
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

Name Kim, Yeon K
Street Address (P.O. Box Number is Not Acceptable)
13765 Harbor Creek PL
City Jacksonville FL Zip Code 32224

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DPS ☐ Delete
NAME KIM, MYUNG J
STREET ADDRESS 14560 PABLO TERR
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE DVT ☐ Delete
NAME KIM, YEON K
STREET ADDRESS 14560 PABLO TERR
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 13765 Harbor Creek PL
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 13765 Harbor Creek PL
CITY-ST-ZIP

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

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

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 #