

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90040 008 ***150.00

DOCUMENT # P02000006744					
1. Entity Name HITCH-EYE, INC.					
Principal Place of Business 100 WEBER AVE., STE 101 LEESBURG, FL 34748			Mailing Address PO BOX 490122 LEESBURG, FL 34749		
2. Principal Place of Business 2306 QUEEN PALM COURT Suite, Apt. #, etc.		3. Mailing Address 2306 QUEEN PALM CRT Suite, Apt. #, etc.			
City & State LEESBURG, FL		City & State LEESBURG, FL		4. FEI Number 01-0733874	
Zip 34748		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TEAQUE, GARY Q 2306 QUEEN PALM COURT LEESBURG, FL 34748			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: <u>GARY TEAQUE</u> GARY TEAQUE March 14, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when translating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TEAQUE, GARY Q 2306 QUEEN PALM COURT LEESBURG, FL 34748		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <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: <u>GARY TEAQUE</u> GARY TEAQUE MARCH 14, 2005 (352) 728-4123 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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