# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 16, 2004 08:00 AM**
**Secretary of State**

**DOCUMENT # P02000039136**

1. Entity Name
HI CAP, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| HOME/555 NE 223 ST<br>LAWTEY, FL 32058 | 555 NE 223 ST<br>LAWTEY, FL 32058 |

**DO NOT WRITE IN THIS SPACE**

02052004 No Chg-P CR2E034 (10/03)

4. FEI Number
02-0587832
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ASHLEY, DOUGLAS
555 NE 223 ST
LAWTEY, FL 32058

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000116018
04/16/04-80048-005 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | DPS |
| NAME | ASHLEY, DOUGLAS |
| STREET ADDRESS | 555 NE 223 ST |
| CITY-ST-ZIP | LAWTEY, FL 32058 |
| TITLE | DVT |
| NAME | ASHLEY, SHERRY |
| STREET ADDRESS | 555 NE 223 ST |
| CITY-ST-ZIP | LAWTEY, FL 32058 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
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| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:** Sherry Ashley Mar-4-02 904-364-6516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #