

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2007 8:00 A.M.
Secretary of State

DOCUMENT # P02000052450

1. Entity Name
HI-TECH SYSTEM ASSOCIATES, INC.



Principal Place of Business

2912-1 CRESCENT DRIVE
TALLAHASSEE, FL 32301

Mailing Address

2912-1 CRESCENT DRIVE
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE



05302007 No Chg-P CR2E034 (11/05)

4. FEI Number
04-3667853

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WESTER, JASON
2912-1 CRESCENT DRIVE
TALLAHASSEE, FL 32301

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PCEO
WESTER, JASON
2912-1 CRESCENT DRIVE
TALLAHASSEE, FL 32301

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WESTER, JASON
2912-1 CRESCENT DRIVE
TALLAHASSEE, FL 32301

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CHRISTMAS, JOHN H JR.
6820 MILLHOPPER ROAD
GAINESVILLE, FL 32653

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

900103534409
05/30/07--01035--002 **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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/30/07 850-509-4299