

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000067095

Entity Name: HITRONIC, INC.

FILED
Mar 25, 2004
Secretary of State

Current Principal Place of Business:

1455 RAIL HEAD BLVD
SUITE 2
NAPLES, FL 34110

New Principal Place of Business:

1455 RAIL HEAD BLVD
SUITE 24
NAPLES, FL 34110

Current Mailing Address:

1455 RAIL HEAD BLVD
SUITE 2
NAPLES, FL 34110

New Mailing Address:

1455 RAIL HEAD BLVD
SUITE 24
NAPLES, FL 34110

FEI Number: 02-0622214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OPPLIGER, ALEX
1455 RAIL HEAD BLVD #11
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

MILEWSKI, LAWRENCE
1455 RAIL HEAD BLVD
SUITE 24
NAPLES, FL 34110 US

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.

SIGNATURE: LAWRENCE MILEWSKI

03/25/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: MILEWSKI, LAWRENCE F MR
Address: 18155 DUPONT DR.
City-St-Zip: FT. MYERS, FL 33912 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE F. MILEWSKI

P

03/25/2004

Electronic Signature of Signing Officer or Director

Date