

FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90027 005 ***158.75

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000080771			
1. Entity Name HYTEK ENTERPRISES, INC.			
Principal Place of Business 1240 FALCON CREST BLVD APOPKA, FL 32712		Mailing Address 1240 FALCON CREST BLVD APOPKA, FL 32712	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 01-0739711	
		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
UNG, HY TEK 1240 FALCON CREST BLVD APOPKA, FL 32712		Name Hy Tek Unga Street Address (P.O. Box Number is Not Acceptable) 1240 Falconcrest Blvd City Apopka FL Zip Code 32712	
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] DATE: 7/3/05 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PSTD UNG, HY TEK 1240 FALCON CREST BLVD APOPKA, FL 32712 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 7/3/05 407.880.93 Daytime Phone #	