

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90003 020 \*\*\*150.00

66006474

1st MOORE CR2E034 (10/05)

<b>DOCUMENT # P02000080771</b> 1. Entity Name <b>HYTEK ENTERPRISES, INC.</b>					
Principal Place of Business <b>1240 FALCON CREST BLVD APOPKA FL 32712</b>				Mailing Address <b>1240 FALCON CREST BLVD APOPKA FL 32712</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		4. FEI Number <b>01-0739711</b> <span style="float: right;"><input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</span>	
City & State  Zip _____ Country _____		City & State  Zip _____ Country _____			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required -</b>					
6. Name and Address of Current Registered Agent  <b>UNG, HY TEK 1240 FALCON CREST BLVD APOPKA FL 32712</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD UNG, HY TEK 1240 FALCON CREST BLVD APOPKA FL 32712 <span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
<b>SIGNATURE:</b> _____				Date <b>3/13/06</b> Daytime Phone # _____	



ATTACHMENT

66006272

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 3, 2006

HYTEK ENTERPRISES, INC.  
1240 FALCON CREST BLVD  
APOPKA, FL 32712

Subject: **HYTEK ENTERPRISES, INC.**

Reference Number: **P02000080771**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE

ANNUAL REPORTS SECTION