2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000082114

1. Entity Name
HEMATECH SERVICES, INC.

Principal Place of Business	Mailing Address
615 PRAIRIE LAKE DRIVE FERN PARK, FL 32730	615 PRAIRIE LAKE DRIVE FERN PARK, FL 32730

DO NOT WRITE IN THIS SPACE

01172004 No Chg-P CR2E034 (10/03)

4. FEI Number
56-2283646

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MONTE, GEORGE
615 PRAIRIE LAKE DRIVE
FERN PARK, FL 32730

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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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MONTE, GEORGE
STREET ADDRESS	615 PRAIRIE LAKE DRIVE
CITY-ST-ZIP	FERN PARK, FL 32730
TITLE	TD
NAME	THILMONY, MILES D
STREET ADDRESS	2831 NICHOLAS LANE
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	SD
NAME	ANGELINI, MICHAEL J
STREET ADDRESS	471 RIVERWOODS TRAIL
CITY-ST-ZIP	CHULUOTA, FL 32766
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/23/04-80063-003 150.00

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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: George Monte, President 1/19/04 407-920-7297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #