

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90050 025 ***150.00

DOCUMENT # P02000104317 1. Entity Name HGA TECHNOLOGIES, INC.			
Principal Place of Business 9822 N.W. 62ND LANE GAINESVILLE, FL 32653		Mailing Address 9822 N.W. 62ND LANE GAINESVILLE, FL 32653	
2. Principal Place of Business 3559 WADING HERON TR Suite, Apt. #, etc.		3. Mailing Address 3559 WADING HERON TR Suite, Apt. #, etc.	
City & State OVIEDO, FL Zip 32766		City & State OVIEDO, FL Zip 32766	
Country		Country	
4. FEI Number 33-1028564		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPERLING, STEPHEN M ESQ 9822 NW 62ND LANE GAINESVILLE, FL 32653		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <u><i>Gerri M. Marder</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>3-14-2005</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete MARDER, GERRI M 9822 NW 62ND LANE GAINESVILLE, FL 32653	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3559 WADING HERON TR. OVIEDO, FL 32766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete AMEZQUITA, HUGO 14509 SW 33RD COURT MIRAMAR, FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete POLYCAPE, ANTHONY 350 CREEKSIDE DRIVE ALPHARETTA, GA 30022	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Gerri M. Marder</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>3-14-2005</u> Daytime Phone #: <u>407-882-1486</u>	