## 2004-FOR-PROFIT-CORPORATION ANNUAL REPORT (AR)

## Apr 05, 2004 8:00 am Secretary of State **DOCUMENT # P03000024619** 03-22-2004 90054 006 \*\*\*150.00 1. Entity Name HUSH PROPERTIES, INC. Mailing Address Principal Place of Business 218 CLEARLAKE ROAD COCOA FL 32922 218 CLEARLAKE ROAD 66409507 COCOA FL 32922 2. Principal Place of Business 3. Mailing Address HOCK YOUR ROCKS Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHUFELT, DANIEL 218 CLEARLAKE ROAD Street Address (P.O. Box Number, is Not Acceptable) COCOA FL 32922 Zip Code City 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, typed or printed name of registered agent and title if applicable, (NOTE. Registered Agent signature required when reinstitting) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change TITLE ☐ Delete TITLE Addition SHUFELT, DANIEL NAME 218 CLEARLAKE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA FL 32922 City-St-ZIP Change ☐ Addition TITLE ☐ Delete TITLE HUNT, JAMES NAME NAME 218 CLEARLAKE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32922 Change | Addition TITLE ☐ Delete TILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TOLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. 821-632-1242

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