

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90350 031 ***150.00

DOCUMENT # P03000031045

1. Entity Name
HCD SALES, INC.



Principal Place of Business

**15424 N NEBRASKA AVE
LUTZ, FL 33549**

*18470 US
HWY 91 N
Lutz FL 33549*

Mailing Address

**15424 N NEBRASKA AVE
LUTZ, FL 33549**

*PO Box 2439
Lutz, FL
33548*

50040719



03102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2325963

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**IACHINI, CHERYL
15424 N NEBRASKA AVE
LUTZ, FL 33549**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**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

TITLE: D
NAME: HAWKINS, LISA K
STREET ADDRESS: 2712 SPRING GREEN DR
CITY-ST-ZIP: LUTZ, FL 33549

TITLE: D
NAME: IACHINI, CHERYL
STREET ADDRESS: 908 W RIVER DR
CITY-ST-ZIP: TEMPLE TERR, FL 33617

TITLE: D
NAME: TROUT, SUZANNE C
STREET ADDRESS: 4854 STEEL DUST LN
CITY-ST-ZIP: LUTZ, FL 33559

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

**DO NOT WRITE
IN THIS SPACE**

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:

Suzanne Trout **Suzanne Trout** *4/14/05 813-615-4003*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #