

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 01, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P04000084870**

1. Entity Name  
**HITCH'S PROCESS SERVICE, INC.**



Principal Place of Business  
**640 TIMBER POND DR  
BRANDON, FL 33510 US**

Mailing Address  
**640 TIMBER POND DR  
BRANDON, FL 33510 US**



04212006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-1259782** Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**CONNETT, STEPHEN G  
213 N PARSONS AV  
BRANDON, FL 33510**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

1100000552175  
05/13/06-80126-025 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PTD	
NAME	MARTIN, THOMAS W	
STREET ADDRESS	640 TIMBER POND DR	
CITY-ST-ZIP	BRANDON, FL 33510	
TITLE	VSD	
NAME	MARTIN, LINDA	
STREET ADDRESS	640 TIMBER POND DR	
CITY-ST-ZIP	BRANDON, FL 33510	
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 exemptions contained in Chapter 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.

SIGNATURE

*Linda Martin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-06 (813)  
685 6346  
Date Daytime Phone #