


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90360 013 ***150.00

DOCUMENT # P05000080342	
1. Entity Name HITCH & WIRING INC	

Principal Place of Business 900 PRODUCTION DRIVE SEBRING, FL 33870 US	Mailing Address 900 PRODUCTION DRIVE SEBRING, FL 33870 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

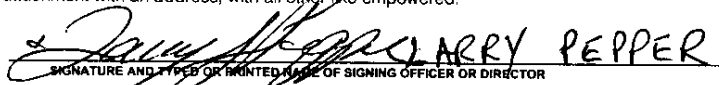
	
01142007 Chg-P	CR2E034 (12/06)
4. FEI Number 20-3054773	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
PEPPER, LARRY J SR 900 PRODUCTION DRIVE SEBRING, FL 33870	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
DATE _____	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEPPER, LARRY J SR	NAME
STREET ADDRESS	900 PRODUCTION DRIVE	STREET ADDRESS
CITY-ST-ZIP	SEBRING, FL 33870	CITY-ST-ZIP
TITLE	VP <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEPPER, SARAH E	NAME
STREET ADDRESS	900 PRODUCTION DRIVE	STREET ADDRESS
CITY-ST-ZIP	SEBRING, FL 33870	CITY-ST-ZIP
TITLE	T <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALAS, DOREEN	NAME
STREET ADDRESS	900 PRODUCTION DRIVE	STREET ADDRESS
CITY-ST-ZIP	SEBRING, FL 33870	CITY-ST-ZIP
TITLE	S <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEEL, GARY	NAME
STREET ADDRESS	900 PRODUCTION DRIVE	STREET ADDRESS
CITY-ST-ZIP	SEBRING, FL 33870	CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP

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:  LARRY PEPPER	(888) 385-8886
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>