2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2007 8:00 am Secretary of State 01-29-2007 90077 006 ***150.00

DOCUMENT # P05000164694 1. Entity Name HISTRUNG HOTT TUBS, INC						01-29-2007 90077 006 ***150.00					
Principal Place	of Rusiness	Mailing Address				60002					
1713 UNION		1713 UNION AVE			{						
NICEVILLE, FI		NICEVILLE, FL 32578									
	•						6121 6311 6618 18 311	BYER BY BIG BILL B	ICIE BRIC IDIS DIX	1 82 1 II (881	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address									
Z. Fillicipal Flace of Busiless - No F.O. Box #		St. Milaming : 1001000				1	OIBI BISI) BUJIK BRUI		I nto Biligo Intil Bio		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01	1192007	Chg-P	CR2E	034 (12/06)		
City & State		City & State				FEI Number			TAn	plied For	
City & State		Only distance			7	20-3985	310			t Applicable	
Zip	Country	Zip	Coun	try	5.	Certificate of	f Status Desired	<u> </u>	\$8.75 Add		
	6. Name and Address of Curren	t Registered Agent	<u> </u>	l	7.	Name and A	Address of Nev	v Registered	Fee Required	<u> </u>	
	o. Hallo and Hadisas at Callon	t trogrator as Agont		Name	TATE						
	RVICES OF NW FL, INC			Stroot Add		Pay Number	DOC G		FRAM		
376 ECHO	CIR ON BCH, FL 32548		į	Street Add	ress (P.O.	BOX Multiper	is Not Accepta	ible)			
TTWALK	NY DON, 1 L 32340			9/2	SP	1/2	RIVA	STE	E		
				City	- 11·1	10	BLVd,	FL	Zin Code	37 F	
8. The above	named entity submits this statement	or the purpose of changing its	s registere							and accept	
	ions of registered agent	33			3				,	, .	
SIGNATURE.		DOLG INGI	rAm					1/19/	٥ 7		
	Signature, Typed or printed name of registered ager	nt and title if applicable. (NO	TE: Registere	d Agent signature	rednited when	reinstating)		DATE			
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campa Trust Fund Con		ncing	\$5.00 Added to						
10.	OFFICERS AN	D DIRECTORS	11.		A	DDITIONS/C	CHANGES TO C	FFICERS AN	D DIRECTORS	3 IN 11	
TITLE	P	☐ Delete	TITL						☐ Change	Addition	
NAME CIDET ADDOCCC	CLARK, WILLIAM H		NAM	EET ADDRESS							
STREET ADDRESS CITY+ST-ZIP	NICEVILLE, FL 32578			-ST-ZIP							
TITLE	VP	☐ Delete	TITU						☐ Change	Addition	
NAME	DE LOACH, JEFFREY R	L Delete	NAM	I .							
STREET ADDRESS	1713 UNION AVE		STRE	EET ADDRESS							
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY	-ST-ZIP							
TETLE	SEC	☐ Delete	TITL	E					☐ Change	Addition	
NAME	CLARK, MELANIE R		NAM	1							
STREET ADDRESS CHTY-ST-ZIP	1713 UNION AVE NICEVILLE, FL 32578			EET ADDRESS '-ST-ZIP							
TITLE	THE VICE IT COLUMN	Delete	TITE						☐ Change	☐ Addition	
NAME			NAM	1							
STREET ADDRESS			STRE	EET ADDRESS							
CITY-ST-ZIP			CITY	r-ST-ZIP							
TITLE		☐ Delete	TITL						☐ Change	☐ Addition	
NAME PERCET ADDRESS			NAM	1							
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS (-ST-ZIP							
TITLE		☐ Delete	TITL						Change	Addition	
NAME		LI Delete	NAN						L) Grange	Addition	
STREET ADDRESS			- 6	EET ADDRESS							
CITY-ST-ZIP	<u> </u>		cin	Y-ST-ZIP							
1						A	Electric Occupation				

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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:	William H. Clark	W; LL; Am	CLARK	19 JANOT	(850) 729-1978
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING	· · · · · · · · · · · · · · · · · · ·	Date	Daytime Phone #	