


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90046 042 \*\*\*150.00

<b>DOCUMENT # P06000089027</b>					
1. Entity Name HTM, JR. INC.					
Principal Place of Business 2480 EAST COMMERCIAL BLVD, STE 4 FORT LAUDERDALE, FL 33308			Mailing Address 2480 EAST COMMERCIAL BLVD, STE 4 FORT LAUDERDALE, FL 33308		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>16-1765626</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MEHALLIS, STEPHEN G 2480 EAST COMMERCIAL BLVD, STE 4 FORT LAUDERDALE, FL 33308			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	D	Delete <input type="checkbox"/>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	MANGURIAN, JR., HARRY T			TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2480 EAST COMMERCIAL BLVD, STE 4			NAME	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308			STREET ADDRESS	
TITLE	D	Delete <input type="checkbox"/>		TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEHALLIS, STEPHEN G			NAME	
STREET ADDRESS	2480 EAST COMMERCIAL BLVD, STE 4			STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308			CITY-ST-ZIP	
TITLE	D	Delete <input type="checkbox"/>		TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATZ, GORDON W			NAME	
STREET ADDRESS	2480 EAST COMMERCIAL BLVD, STE 4			STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308			CITY-ST-ZIP	
TITLE	D	Delete <input type="checkbox"/>		TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKUSE, TERRY M			NAME	
STREET ADDRESS	2480 EAST COMMERCIAL BLVD, STE 4			STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308			CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		TITLE	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	Piana, Beth P.
STREET ADDRESS				STREET ADDRESS	2480 East Commercial Blvd.-Suite 4
CITY-ST-ZIP				CITY-ST-ZIP	Fort Lauderdale, Florida 33308
TITLE		Delete <input type="checkbox"/>		TITLE	
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: <u>Beth P. Piana</u> <u>BETH P. PIANA, Secy./TREAS.</u> <u>2/12/07</u> (954) 491-1722					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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4. FEI Number **16-1765626** Applied For  
Not Applicable

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

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

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

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CITY-ST-ZIP		CITY-ST-ZIP	

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SIGNATURE: Beth P. Piana BETH P. PIANA, Secy./TREAS. 2/12/07 (954) 491-1722