



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000002127 1. Entity Name HUSH INTERNATIONAL, INC.	
--	---

Principal Place of Business HOCK YOUR ROCKS PAWN COCOA, FL 32926	Mailing Address 218 CLEARLAKE ROAD COCOA, FL 32922
--	--

DO NOT WRITE IN THIS SPACE


01132005 No Chg-P CR2E034 (10/03)
4. FEI Number
59-3172310
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
Applied For
Not Applicable

6. Name and Address of Current Registered Agent
SHUFELT, DANIEL L
218 CLEARLAKE ROAD
COCOA, FL 32922

**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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HUNT, JAMES R 3000 FRIDAY LANE COCOA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHUFELT, DANIEL L 510 WEST GATEWAY COURT MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000198593
01/27/05-81061-016 150.00

**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)(f), 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: Daniel L Shufelt 1-25-05 321-632-4242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #