

**2008 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # P93000036824

1. Entity Name
HI-TECH METALS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 AUG 18 PM 12:48



08122008 Chg-P CR2E034 (12/08)

Principal Place of Business		Mailing Address	
3935 CR 216 OXFORD, FL 34484		3935 CR 216 OXFORD, FL 34484	
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
6. Name and Address of Current Registered Agent			
CLEVELAND, PATRICIA 3935 CR 216 OXFORD, FL 34484			
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE P NAME CLEVELAND, PATRICIA STREET ADDRESS 3935 CR 216 CITY-ST-ZIP OXFORD, FL 34484		<input type="checkbox"/> Delete TITLE VP NAME CLEVELAND, H C STREET ADDRESS 3935 CR 216 CITY-ST-ZIP OXFORD, FL 34484	
<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 		<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 	
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<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 		<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 100135280951 09/03/08-01005--008 **\$61.25 UP CLEVELAND, LISA 3935 CR 216 OXFORD, FL 34484			

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:

Patricia Cleveland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-13-08

Date

352-
330-2004
Daytime Phone #

Patricia Cleveland