

# 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

Principal Place of Business  
3935 CR 216  
OXFORD, FL 34484

Mailing Address  
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

08122008

Chg-P

CR2E034 (12/08)

4. FEI Number  
65-0411476

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLEVELAND, PATRICIA  
3935 CR 216  
OXFORD, FL 34484

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. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME CLEVELAND, PATRICIA  
STREET ADDRESS 3935 CR 216  
CITY-ST-ZIP OXFORD, FL 34484

TITLE ☐ Change ☐ Addition  
NAME 100135280951  
STREET ADDRESS 09/03/08--01005--008 \*\*61.25  
CITY-ST-ZIP

TITLE VP ☒ Delete  
NAME CLEVELAND, H C  
STREET ADDRESS 3935 CR 216  
CITY-ST-ZIP OXFORD, FL 34484

TITLE ☐ Change ☒ Addition  
NAME UP  
NAME CLEVELAND, LISA  
STREET ADDRESS 3935 CR 216  
CITY-ST-ZIP OXFORD, FL 34484

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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, 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