2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000045696

1. Entity Name
HI-TECH INDUSTRIES, INC

Principal Place of Business	Mailing Address
736 WESLEY AVE TARPON SPRINGS, FL 34689 US	PO BOX 1592 TARPON SPRINGS, FL 34688

DO NOT WRITE IN THIS SPACE

05012006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3021226
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSTON, MARYELLEN
719 WESLEY AVENUE
TARPON SPRINGS, FL 34689

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTS
NAME	JOHNSTON, MARYELLEN
STREET ADDRESS	1806 KENILWORTH STREET
CITY-ST-ZIP	HOLIDAY, FL 34691
TITLE	V
NAME	JOHNSTON, LARRY
STREET ADDRESS	1806 KENILWORTH ST
CITY-ST-ZIP	HOLIDAY, FL 34691
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/19/06-80015-023 158.75

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12. I hereby certify that the information supplied with this filing does 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: Larry A Johnston 5-1-06 727-942-7933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #