

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000045696

Entity Name: HI-TECH INDUSTRIES, INC.

FILED
Jul 17, 2007
Secretary of State

Current Principal Place of Business:

736 WESLEY AVE
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1592
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 59-3021226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSTON, MARYELLEN
719 WESLEY AVENUE
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: JOHNSTON, MARYELLEN
Address: 1806 KENILWORTH STREET
City-St-Zip: HOLIDAY, FL 34691

Title: V () Delete
Name: JOHNSTON, LARRY
Address: 1806 KENILWORTH ST
City-St-Zip: HOLIDAY, FL 34691

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY JOHNSTON

V

07/17/2007

Electronic Signature of Signing Officer or Director

Date