

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 29, 2004 08:00 AM  
Secretary of State

DOCUMENT # P94000040421

1. Entity Name  
HAROLD & HILDA ENTERPRISES, INC.



Principal Place of Business  
2635 STATE ROAD 590  
CLEARWATER, FL 33759 US

Mailing Address  
2635 STATE ROAD 590  
CLEARWATER, FL 33759 US

DO NOT WRITE IN THIS SPACE



03212004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3262641 Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

HOCHSTRASSER, HILDA T  
2635 STATE ROAD 590  
CLEARWATER, FL 33759

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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, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE PD  
NAME HOCHSTRASSER, HAROLD W  
STREET ADDRESS 2635 SR 590  
CITY-ST-ZIP CLEARWATER, FL 33759

TITLE STD  
NAME HOCHSTRASSER, HILDA T  
STREET ADDRESS 2635 STATE ROAD 590  
CITY-ST-ZIP CLEARWATER, FL 33759

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

000000098737  
03/29/04-80053-002 150.00

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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:

*Hilda T. Hochstrasser*  
HILDA T. HOCHSTRASSER  
- SECRETARY -

3-23-04 (724) 796-9793

Date

Daytime Phone #