

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000067302

1. Entity Name
HOLLOW METAL INC.



Principal Place of Business
**5275 CAUSEWAY BLVD.
TAMPA, FL 33619 US**

Mailing Address
**5275 CAUSEWAY BLVD.
TAMPA, FL 33619 US**



05072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3335892

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GORDON, NORRIS
27216 CORAL SPRING DRIVE
ZEPHER HILLS, FL 35543**

**DO NOT WRITE
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 re-statuting)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

**U000000160828
05/18/04-80005-006 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	GORDON, NORRIS
STREET ADDRESS	27216 CORAL SPRINGS DRIVE
CITY- ST- ZIP	WESLEY CHAPEL, FL 33543
TITLE	VS
NAME	CHESTNUT, BRUCE J
STREET ADDRESS	402 PARMAN ST
CITY- ST- ZIP	LONDON, KY 40741
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/13/04