

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90012 012 ***150.00

DOCUMENT # P96000057830

1. Entity Name
H M L CORPORATION



Principal Place of Business

231 MC LEAN POINT
WINTER HAVEN, FL 33884

Mailing Address

210 STATE ROAD 60 WEST
LAKE WALES, FL 33853



03192004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3387861

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NGUYEN, HIEU M
231 MCLEAN POINT
WINTER HAVEN, FL 33884

**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 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 D
NAME NGUYEN, HIEU M
STREET ADDRESS 231 MC LEAN POINT
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE VP
NAME NGUYEN, LIEM THANH
STREET ADDRESS 231 MCLEAN POINTE
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

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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)(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 #

Hieu M Nguyen DIRECTOR

4-13-04

863-318-1910