2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000067141

1. Entity Name
HTC INVESTMENTS, INC.

Principal Place of Business	Mailing Address
4641 RYALS ROAD	4641 RYALS ROAD
ZEPHYRHILLS, FL 33541	ZEPHYRHILLS, FL 33541

04062004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3526834	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

HORN, JOYCE M
4641 RYALS ROAD
ZEPHYRHILLS, FL 33541

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 ☐   **$5.00** May Be Added to Fees
Trust Fund Contribution.

U0000010650?
04/08/04-80022-007 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	HORN, FREDDIE D
STREET ADDRESS	4641 RYALS ROAD
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541

TITLE	D
NAME	COOK, DAN
STREET ADDRESS	7840 POND'S EDGE LANE
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540

TITLE	DV
NAME	TIMMONS, EDWARD R
STREET ADDRESS	36550 EILAND BLVD.
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541

TITLE	P
NAME	COOK, NANCY D
STREET ADDRESS	7840 POND'S EDGE LANE
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540

TITLE	ST
NAME	HORN, JOYCE M
STREET ADDRESS	4641 RYALS ROAD
CITY-ST-ZIP	ZEPHYRHILLS, 33 541

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: _Joyce M Horn_   Joyce M Horn   4-6-04   352-521-5606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #