MAY-10-2004 08:10 PM TEAM.SYNERGY.PARTNER

## FILED May 17, 2004 8:00 am Secretary of State 04-26-2004 90543 004 \*\*\*150.00

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000100227  1. Entity Name HYPERKOTE, INC.									
Principal Place 4101 ELREY ORLANDO, F		Mailing Address 4101 ELREY ROAD ORLANDO, FL 32808			66422000				
2. Principal P	lace of Business	3. Making Address							
Sulte, Apt. #, etc.		Sulte. Apt. #, etc.			04202004	Chg-P	CR2E03	4 (10/09)	
City & State		City & State			4. FEI Number 59-3607133			Applied For Not Applicable	
ZIP	Country	Zip	Coun	υÿ	5. Cartificate of Status Desired		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7, Name and Address of Naw Registered Agent Name					
HAYWARD, WILLIAM C 2047 BOBTAIL DRIVE MAITLAND, FL 32751-8821				Street Arkdress (	P.O. Box Numb	er is Not Acceptable	) )	<u></u>	
				City			FL	Zip God	•
SIGNATURE.	Signature, trace or primed name of registured ages			d Agent signature require			STAD		·
After M	E NOWIL FEE IS \$150,00 by 1, 2004 Fee will be \$550	Trust Fund C		☐ Ādid	.00 May Be led to Fees				
TITLE	OFFICERS ANI	D DIRECTORS	11. Tirl		ADDITIONS	CHANGES TO OFF	ICERS AND	OIRECTOR  Change	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	HAYWARD, WILLIAM C 2047 BOBTAIL DRIVE MAITLAND, FL 327515621		NAME STREET					E to morga	· ·
TITLE NAME STREET ADDRESS CITY-\$1-ZIP		☐ Deleta						☐ Changa	Addition
TITLE - NAME STREET ADDRESS CITY-ST-DP		☐ Celets		1			ا میں	Change	- Addition .
HAME STREET ADDRESS CITY-ST-ZIP		-	TITLE NAME STREET CITY-	<u>.</u> ]		-		Change	Addition -
TIPLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1	<u>-</u>			Change	Addition .
TITLE HAME STREET ADDITESS ST- 21P		□ Deleta					•	Change	Addition
indicated of the corchanged.	certify that the information supplied with on this report or supplemental report por supplemental report porellon or the receiver or trustee arm or on an attachment with an address.  **URE: ***URE:*********************************	1 Aagus	tor the exer at my signatu ort as requir ad.	motion stated in Se ute ghall have the red by Chapter 807	iction 119.07(3) same legal effec 7, Florida Statuti	(i), Florida Statutes. It as if made under one is; and that my name	l further certi sain; that I ar e appears in	ly that the le n an officer Block 10 or	formation or director Block 11 If
	SHIMATURE AND TYPED OR	PRINTED NAME OF GOMES DEPIC	EN OR DIRECT			Date	De	rune Phone f	

Alfachment

2004 FOR PROFIT CORPORATION ANNUAL REPORT

66422000 DOCUMENT #P99000100227 1. Entity Name HYPERKOTE, INC. Principal Place of Business Mailing Address 4101 ELREY ROAD 4101 ELREY ROAD ORLANDO, FL 32808 ORLANDO, FL 32808 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03052003 Chg-P CR2E034 (10/03) 4. FEI Number City & State City & State Applied For 59-3607133 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAYWARD, WILLIAM C Street Address (P.O. Box Number is Not Acceptable) 2047 BOBTAIL DRIVE MAITLAND, FL 32751-8621 Zip Code FI 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 9. Election Campaign Financing - FILE NOW!!! FEE-IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HAYWARD, WILLIAM C NAME STREET ADDRESS 2047 BOBTAIL DRIVE STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 327518621 CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 attac

SIGNATURE: L

William Iday ward 5/13/14 407-445. 2026
Date Daytime Phone \*