# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 07, 2004**
**Secretary of State**

DOCUMENT# S03168

**Entity Name:** HADRONIC PRESS, INC.

**Current Principal Place of Business:**

35246 U.S. 19 NORTH
SUITE #215
PALM HARBOR, FL 346841909 US

**New Principal Place of Business:**

**Current Mailing Address:**

35246 U.S. 19 NORTH
SUITE #215
PALM HARBOR, FL 346841909 US

**New Mailing Address:**

**FEI Number: 59-3025281** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANTILLI, CARLA
35246 U.S. 19 NORTH
SUITE #215
PALM HARBOR, FL 34683 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete
Name: SANTILLI, CARLA
Address: 35246 US 19 N #215
City-St-Zip: PALM HARBOR, FL 34684

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition
Name: SANTILLI, CARLA PRES.
Address: 35246 US 19 N #215
City-St-Zip: PALM HARBOR, FL 34684

Title: DIR ( ) Change (X) Addition
Name: WILSON, GARY DIRECT
Address: 35246 US 19 NORTH N. 215
City-St-Zip: PALM HARBOR, FL 34684

Title: DIR ( ) Change (X) Addition
Name: SANTILLI, RUGGERO M DIRECT.
Address: 35246 US 19 NORTH N. 215
City-St-Zip: PALM HARBOR, FL 34684

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLA SANTILLI , PRESIDENT P 02/07/2004

Electronic Signature of Signing Officer or Director — Date