

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # S78340	
1. Entity Name HEWLETT, INC.	


Principal Place of Business 4670 SW 83 TERR DAVIE FL 33328	Mailing Address 4670 SW 83 TERR DAVIE FL 33328
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	
HODGES, PERRY W., JR. 644 SE 4 AVE FT LAUDERDALE FL 33301	

	
1st MOORE	CR2E034 (10/04)
4. FEI Number 65-0286795	Applied For <input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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	<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating)</small>	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	NAME
P	HEWLETT, CHRISTOPHER M
STREET ADDRESS	5471 S.W. 16 COURT
CITY - ST - ZIP	PLANTATION FL 33317
<input type="checkbox"/> Delete	
TITLE	NAME
S	HEWLETT, CHRISTOPHER M
STREET ADDRESS	5471 S.W. 16 COURT
CITY - ST - ZIP	PLANTATION FL 33317
<input type="checkbox"/> Delete	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
<input type="checkbox"/> Delete	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
000000272762	
03/23/05-80002-002 150.00	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:		christopher Hewlett Pres. 3-21-05	954 4347527
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>