

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90069 024 ***158.75

DOCUMENT # S81712

1. Entity Name
HOLLOW METAL SPECIALISTS, INC.



Principal Place of Business
**740 APEX ROAD
SARASOTA, FL 34240 US**

Mailing Address
**740 APEX RD
SARASOTA, FL 34240 US**

24006411



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0290021

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

~~HILLIARD, DONALD F.~~ **Hilliard, Patricia A.**
**740 APEX ROAD
SARASOTA, FL 34240**

**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 *Patricia A. Hilliard* 1/13/04
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 **HILLIARD, PATRICIA A.**
STREET ADDRESS **740 APEX ROAD**
CITY-ST-ZIP **SARASOTA, FL**

TITLE **V**
NAME **HILLIARD, TIM A**
STREET ADDRESS **740 APEX RD.**
CITY-ST-ZIP **SARASOTA, FL 34240**

TITLE **V**
NAME **HILLIARD, PATRICK**
STREET ADDRESS **740 APEX RD.**
CITY-ST-ZIP **SARASOTA, FL 34240**

TITLE **P**
NAME **HILLIARD, MIKE A**
STREET ADDRESS **740 APEX RD.**
CITY-ST-ZIP **SARASOTA, FL 34240**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Patricia A. Hilliard* 1/13/04 941-379-1970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #