


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # S99248
 1. Entity Name
 HPF, INC.



Principal Place of Business
 7735 PKWY BLVD
 HUDSON, FL 34667 US

Mailing Address
 7735 PKWY BLVD
 HUDSON, FL 34667 US

DO NOT WRITE IN THIS SPACE



01302004 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0300747 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FADOUL, PIERRE
 7735 PKWY BLVD
 HUDSON, FL 34667

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	FADOUL, MARY
STREET ADDRESS	7735 PKWY BLVD
CITY-ST-ZIP	HUDSON, FL
TITLE	VP
NAME	FADOUL, PIERRE
STREET ADDRESS	7735 PKWY BLVD
CITY-ST-ZIP	HUDSON, FL
TITLE	S
NAME	FADOUL, MARY
STREET ADDRESS	7735 PKWY BLVD
CITY-ST-ZIP	HUDSON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Mary Fadoul MARY FADOUL 2-3-04 727-863-4764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #