

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # V02930 1. Entity Name MAGNUM SPRAY EQUIPMENT, INC.																																																																																																													
Principal Place of Business 5148 113TH AVE CLEARWATER FL 33760 US			Mailing Address 5148 113TH AVE CLEARWATER FL 33760 US																																																																																																										
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Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																											
City & State		City & State																																																																																																											
Zip	Country	Zip	Country																																																																																																										
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																									
HEDGER, JAMES E J 5148-113TH AVE CLEARWATER FL 33760				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 _____ 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 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">HEDGER, JAMES E., SR.</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">5148-113TH AVE</td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2">CLEARWATER FL 33760</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">HEDGER, JAMES E., JR.</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">5148-113TH AVE</td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2">CLEARWATER FL 33760</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">HEDGER, JOSEPH P.</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">5148-113TH AVE</td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2">CLEARWATER FL 33760</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">HEDGER, PETER G.</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">5148-113TH AVE</td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2">CLEARWATER FL 33760</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">HEDGER, JOHN C.</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">5148-113TH AVE</td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2">CLEARWATER FL 33760</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">HEDGER, THOMAS A.</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">5148-113TH AVE</td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2">CLEARWATER FL 33760</td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> ☐ Change ☐ Addition </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> </table>						TITLE	D	☐ Delete	NAME	HEDGER, JAMES E., SR.		STREET ADDRESS	5148-113TH AVE		CITY- ST- ZIP	CLEARWATER FL 33760		TITLE	D	☐ Delete	NAME	HEDGER, JAMES E., JR.		STREET ADDRESS	5148-113TH AVE		CITY- ST- ZIP	CLEARWATER FL 33760		TITLE	D	☐ Delete	NAME	HEDGER, JOSEPH P.		STREET ADDRESS	5148-113TH AVE		CITY- ST- ZIP	CLEARWATER FL 33760		TITLE	D	☐ Delete	NAME	HEDGER, PETER G.		STREET ADDRESS	5148-113TH AVE		CITY- ST- ZIP	CLEARWATER FL 33760		TITLE	D	☐ Delete	NAME	HEDGER, JOHN C.		STREET ADDRESS	5148-113TH AVE		CITY- ST- ZIP	CLEARWATER FL 33760		TITLE	D	☐ Delete	NAME	HEDGER, THOMAS A.		STREET ADDRESS	5148-113TH AVE		CITY- ST- ZIP	CLEARWATER FL 33760		TITLE	☐ Change ☐ Addition	NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE	☐ Change ☐ Addition	NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE	☐ Change ☐ Addition	NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE	☐ Change ☐ Addition	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: <u>Joseph P. Hedger</u> JOSEPH P. HEDGER <u>2/5/04</u> <u>(727) 573-2955</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																													



MOORE CR2E034 (11/03)

4. FEI Number **59-3105168** Applied For ☐ Not Applicable ☐

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

000000044417
02/11/04-80011-023 158.75