## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 492281** 

Entity Name: HIP, INC.

**Current Principal Place of Business:** 

2 MINUTEMAN CAUSEWAY COCOA BEACH, FL 32932-0505

**Current Mailing Address:** 

P.O. BOX 320505

COCOA BEACH, FL 32932-0505

FEI Number: 59-1663639 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

L. GEORGE LEONARD, CPA, PA 1485 N. ATLANTIC AVE SUITE 102 COCOA BEACH, FL 32931 US

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

**FILED** Mar 08, 2024

**Secretary of State** 

0861416471CC

Officer/Director Detail:

**PRESIDENT** VICE PRESIDENT / SECRETARY Title Title

Name ARTZ, CHRISTINA Name ARTZ. MORGAN Address PO BOX 320505 Address PO BOX 320505

COCOA BEACH FL 32932-0505 City-State-Zip: City-State-Zip: COCOA BEACH FL 32932-0505

Title **DIRECTOR** Title **TREASURER** 

NORWOOD-FIELDS, ELIZABETH Name Name ARTZ III, GEORGE

Address 1485 N ATLANTIC AVE Address PO BOX 320505

SUITE 102

City-State-Zip: COCOA BEACH FL 32932-0505 City-State-Zip: COCOA BEACH FL 32931

I hereby 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 all other like empowered.

SIGNATURE: ARTZ, CHRISTINA Electronic Signature of Signing Officer/Director Detail

03/08/2024 **PRESIDENT** 

Date