


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F0300002660</b> 1. Entity Name HITEC POWER PROTECTION, INC.	
---	---

Principal Place of Business 12502 EXCHANGE DRIVE, STE. 404 STAFFORD, TX 77477	Mailing Address 12502 EXCHANGE DRIVE, STE. 404 STAFFORD, TX 77477
---	---

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 76-0395655	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)

**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

11010000050665  
02/16/04-80015-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS PAYNE, H.B. JR 12505 EXCHANGE DRIVE, STE. 404 STAFFORD, TX 77477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN DE BREE, ARNOUD 12502 EXCHANGE DRIVE, STE. 404 STAFFORD, TX 77477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELLIS, GLENN 12502 EXCHANGE DRIVE, STE. 404 STAFFORD, TX 77477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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)(f), 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: Glenn Ellis PRESIDENT Date: 02/09/04 Daytime Phone #: 281-240-5335  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR