


2004 FOR PROFIT CORPORATION ANNUAL REPORT

5-4
FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P32328
1. Entity Name
HULCO SALES CORP.



Principal Place of Business 101 N. 9TH ST TERRE HAUTE, IN 47807 US	Mailing Address P.O. BOX 150 TERRE HAUTE IN TERRE HAUTE, IN 47808 US
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DO NOT WRITE IN THIS SPACE



05042004 No Chg-P CR2E034 (10/03)

4. FEI Number 35-1812152	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. 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 title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees
In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GEORGE, MARI H. 101 N. 9TH STREET TERRE HAUTE, IN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GEORGE, ANTON H. 101 N 9TH STREET TERRE HAUTE, IN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BELSKUS, JEFFREY G. 101 N. 9TH STREET TERRE HAUTE, IN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MORRIS, GARY 101 N 9TH STREET TERRE HAUTE, IN 478080150
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AST FORSYTHE, LINDA 101 N 9TH STREET TERRE HAUTE, IN 478080150
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/07/04-80004-016 150.00

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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: *Linda S. Forsythe* **Linda S. Forsythe**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5-4-04** Daytime Phone # **812-232-9446**