2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F07000000971

1. Entity Name
ALCON - HCS, INC.

Principal Place of Business	Mailing Address
65 LINDEN AVE MEMPHIS, TN 38103	65 LINDEN AVE MEMPHIS, TN 38103

DO NOT WRITE IN THIS SPACE

08182008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
62-0565027	Not Applicable

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

6. Name and Address of Current Registered Agent

BEATY, STAN
1826 E LEE ST
PENSACOLA, FL 32503

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 _Stan Beaty_   _Stanley Beaty_   _19 Aug 08_
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	BEATY, STAN
STREET ADDRESS	65 LINDEN AVE
CITY-ST-ZIP	MEMPHIS, TN 38103
TITLE	D
NAME	BEATY, JAMES
STREET ADDRESS	65 LINDEN AVE
CITY-ST-ZIP	MEMPHIS, TN 38103
TITLE	T
NAME	BEATY, VIVIAN
STREET ADDRESS	65 LINDEN AVE
CITY-ST-ZIP	MEMPHIS, TN 38103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/27/08-80001-003 558.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _Stan Beaty_   _19 Aug 08_   _901 523-7546_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #