## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## Secretary of State **DOCUMENT # P03000158496** 05-02-2005 90464 014 \*\*\*150.00 1. Entity Name HTM MANAGEMENT SERVICES, INC. Principal Place of Business Mailing Address 6327 NW 19TH CT 6327 NW 19TH CT MARGATE, FL 33063 MARGATE, FL 33063 04052005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0855349 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent VALE, HUBERT DO NOT WRITE 6327 NW 19TH CT MARGATE, FL 33063 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. ŞIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NQTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE'S \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. D TITLE VALE, HUBERT NAME 6327 NW 19TH CT STREET ADDRESS MARGATE, FL 33063 CITY-ST-ZIP TITLE VALE, LAQUITRIS M 6327 NW 19TH CT STREET ADDRESS MARGATE, FL 33063 CITY-ST-ZIP MCKNIGHT, TREVOR NAME STREET ADDRESS 20439 NW 55TH AVE DO NOT WRITE CITY-ST-ZIP LAUDERHILL, FL 33313 IN THIS SPACE TITI F STREET ADDRESS CITY-ST-ZIP TITLE NAME

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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

**FILED** 

May 02, 2005 8:00 am