


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 02, 2007 8:00 am**  
**Secretary of State**

08-02-2007 90013 024 \*\*\*150.00

**DOCUMENT # P05000101016**

1. Entity Name  
 HGP, INC.



Principal Place of Business  
 5673 NORTHWEST 99TH WAY  
 CORAL SPRINGS, FL 33076

Mailing Address  
 5673 NORTHWEST 99TH WAY  
 CORAL SPRINGS, FL 33076

2. Principal Place of Business - No P.O. Box #  
 5133 NW 86th Way  
 Suite, Apt. #, etc.

3. Mailing Address  
 5133 NW 86th Way  
 Suite, Apt. #, etc.

City & State  
 CORAL SPRINGS, FL

City & State  
 CORAL SPRINGS, FL


Zip  
 33067

Country  
 USA

Zip  
 33067

Country  
 USA

9010101016



07162007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
 1840 SW 22ND ST.  
 4TH FLOOR  
 MIAMI, FL 33145

4. FEI Number  
 59-3811346

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GOULDEN, HERBERT J 5673 NORTHWEST 99TH WAY CORAL SPRINGS, FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 information empowered.

SIGNATURE:  07/31/2007 954-346-6752  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #