


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000062653 <sup>TM</sup>  
 1. Entity Name  
 HCM INDUSTRIES, INC.



Principal Place of Business 1515 SOUTH FEDERAL HIGHWAY SUITE 401 BOCA RATON, FL 33432	Mailing Address 1515 SOUTH FEDERAL HIGHWAY SUITE 401 BOCA RATON, FL 33432
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**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0691183	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO HUDSON, STEVEN 1515 S FEDERAL HWY STE 401 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPF O'TOOLE, DAVID 1515 S FEDERAL HWY STE 401 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO CLARKE, FRASER 1515 S FEDERAL HWY STE 401 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPPM DECARLO, FRANK 1515 S FEDERAL HWY STE 401 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSO NARCISI, RICHARD 1515 S FEDERAL HWY STE 401 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/24/05-80071-023 150.00

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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)(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: Fraser Clarke, CFO Date: 1/5/05 Daytime Phone #: 5618617600 x13232