


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90027 043 ***158.75

DOCUMENT # 374899
 1. Entity Name
HMS SERVICE CO., INC.



Principal Place of Business
**3612 E. JOHNSON AVE.
 HAINES CITY, FL 33844**

Mailing Address
**3612 E. JOHNSON AVE.
 HAINES CITY, FL 33844**

40011333



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

01262005 Chg-P CR2E034 (10/03)

4. FEI Number
59-1350601

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MATHEWS, NORMAN E
 3612 E. JOHNSON AVE.
 HAINES CITY, FL 33844**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MATHEWS, NORMAN E	
STREET ADDRESS	3612 E. JOHNSON AVE.	
CITY-ST-ZIP	HAINES CITY, FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MATHEWS, YOSHIKA	
STREET ADDRESS	3612 E. JOHNSON AVE.	
CITY-ST-ZIP	HAINES CITY, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MATHEWS, MONROE	
STREET ADDRESS	330 NORTH 23RD STREET	
CITY-ST-ZIP	HAINES CITY, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David B Mathews	
STREET ADDRESS	1101 East Park Road	
CITY-ST-ZIP	Haines City, FL 33844	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____ Date: **3 Jan 05** 863-472-7732 Daytime Phone #