

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 374899

FILED
Apr 23, 2010
Secretary of State

Entity Name: HMS SERVICE CO., INC.

Current Principal Place of Business:

3612 E. JOHNSON AVE.
HAINES CITY, FL 33844

New Principal Place of Business:

3612 E. JOHNSON AVE.
HAINES CITY, FL 33844 US

Current Mailing Address:

3612 E. JOHNSON AVE.
HAINES CITY, FL 33844

New Mailing Address:

PO BOX 548
HAINES CITY, FL 33845 US

FEI Number: 59-1350601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: MATHEWS, NORMAN E
Address: 3612 E. JOHNSON AVE.
City-St-Zip: HAINES CITY, FL 33844

Title: T
Name: MATTEWS, DAVID B
Address: 1101 EAST PARK ROAD
City-St-Zip: HAINES CITY, FL 33844

Title: V
Name: MATHEWS, MONROE
Address: 3555 E. JOHNSON AVE
City-St-Zip: HAINES CITY, FL 33844

Title: S
Name: DOWDY, KATRINA Y
Address: 3622 EAST JOHNSON AVE
City-St-Zip: HAINES CITY, FL 33844

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATRINA Y DOWDY

S

04/23/2010

Electronic Signature of Signing Officer or Director

_____ Date