

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 374899

Entity Name: HMS SERVICE CO., INC.

FILED  
Jan 10, 2011  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 548  
HAINES CITY, FL 33845 US

**New Mailing Address:**

FEI Number: 59-1350601      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**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

**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

01/10/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date