2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 09, 2004 8:00 am **DOCUMENT # 395345 Secretary of State** 1. Entity Name 03-09-2004 90046 020 ***150.00 HCF CORPORATION Principal Place of Business Mailing Address 1532 JUNE AVENUE 1532 JUNE AVENUE **LOT 10-A** PANAMA CITY FL 32405 PANAMA CITY FL 32405 2. Principal Place of Business 1532 JUNE AVE CR2E034 (11/03) 4. FEI Number, 59-1388511 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired AU Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CALLAWAY, HOLLEY M. Street Address (P.O. Box Number is Not Acceptable) 1532 JUNE AVENUE LOT 10A PANAMA CITY FL 32405 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE ☐ Delete TITLE ☐ Change CALLAWAY, HOLLEY M. NAME NAME 1532 JUNE AVE LOT 10-A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL CITY-ST-ZIP ☐ Delete TITLE Change Addition TIME CALLAWAY, HOLLEY M. NAME NAME STREET ADDRESS 1532 JUNE AVE LOT 10-A STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition ROSSER.CHARLES.A... STREET ADDRESS STREET ADDRESS 2540 LISENBY AVENUE CITY-ST-ZIP PANAMA CITY FL CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition CALLAWAY, ALMA R NAME NAME 1532 JUNE AVE, LOT 10-A STREET ADDRESS STREET ADDRESS PANAMA CITY FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS 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)(i), 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

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