


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90056 005 \*\*\*150.00

DOCUMENT # 395345			
1. Entity Name HCF CORPORATION			
Principal Place of Business 1532 JUNE AVENUE LOT 10-A PANAMA CITY FL 32405 US		Mailing Address 1532 JUNE AVENUE LOT 10-A PANAMA CITY FL 32405 US	
2. Principal Place of Business - No P.O. Box # 1532 JUNE AVE		3. Mailing Address SAME	
Suite, Apt. #, etc. LOT 10 A		Suite, Apt. #, etc.	
City & State PANAMA CITY, FL		City & State	
Zip 32405	Country BAY	Zip	Country
6. Name and Address of Current Registered Agent CALLAWAY, HOLLEY M. 1532 JUNE AVENUE LOT 10A PANAMA CITY FL 32405		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuance)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	P CALLAWAY, HOLLEY M. 1532 JUNE AVE LOT 10-A PANAMA CITY-FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	DIRECTOR LARRY M. CALLAWAY 7813 N. LAGOON DRIVE UNIT 5 E PANAMA CITY BEACH FL 32408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D CALLAWAY, HOLLEY M. 1532 JUNE AVE LOT 10-A PANAMA CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<del>DIRECTOR</del> <del>LARRY M. CALLAWAY</del> <del>7813 N. LAGOON DR UNIT 5 E</del> <del>PANAMA CITY BEACH FL 32408</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: HOLLEY M. CALLAWAY 2-1-07 850-785-3685  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #