

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 29, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # F04000003078**

1. Entity Name  
**HLMC CORPORATION**



Principal Place of Business  
**11776 MARIPOSA ROAD  
HESPERIA, CA 92345**

Mailing Address  
**11776 MARIPOSA ROAD  
HESPERIA, CA 92345**



01102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **33-0735528** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR.  
SUITE 4  
WESTON, FL 33331**

**DO NOT WRITE  
IN THIS SPACE**

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

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  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP DANIELS, MICHAEL 11776 MARIPOSA ROAD HESPERIA, CA 92345
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VV KELLEHER, CRAIG 11776 MARIPOSA ROAD HESPERIA, CA 92345
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEMING, BEVERLY 11776 MARIPOSA ROAD HESPERIA, CA 92345
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HINKLE, STEPHEN 11776 MARIPOSA ROAD HESPERIA, CA 92345
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO DE LA CRUZ, ENRIQUE 11776 MARIPOSA RD HESPERIA, CA 92345
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**

*Michael Daniels/CEO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-29-07*  
Date

*760-948-2500*  
Daytime Phone #