

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005258

Entity Name: HHC SEAGATE, INC.

FILED
Jan 04, 2008
Secretary of State

Current Principal Place of Business:

601 NO. CONGRESS AVE.
SUITE 114
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

400 LINDEN OAKS DR
ROCHESTER, NY 14625

New Mailing Address:

FEI Number: 20-5335289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, E. ANTHONY
601 NORTH CONGRESS AVE STE 114
DELRAY BEACH, FL 33445 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: CEO () Delete
Name: WILSON, E. ANTHONY
Address: 601 NORTH CONGRESS AVE STE 114
City-St-Zip: DELRAY BEACH, FL 33445

Title: VPS () Delete
Name: GRAUE, GARRETT
Address: 601 NORTH CONGRESS AVE STE 114
City-St-Zip: DELRAY BEACH, FL 33445

Title: P () Delete
Name: BLANK, THOMAS W
Address: 400 LINDEN OAKS DR
City-St-Zip: ROCHESTER, NY 14625

Title: CFO () Delete
Name: PEEK, RALPH L
Address: 400 LINDEN OAKS DR
City-St-Zip: ROCHESTER, NY 14625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RALPH L. PEEK

CFO

01/04/2008

Electronic Signature of Signing Officer or Director

Date