

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Mar 06, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F26677**

1. Entity Name

H.M.S. INVESTMENTS, INC.



Principal Place of Business

1310 E LEMON ST  
LAKELAND FL 33801-5750

Mailing Address

1310 E LEMON ST  
LAKELAND FL 33801-5750



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

Zip

Country

Zip

Country

4. FEI Number 59-2094806

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL, GEORGE L.  
1310 EAST LEMON STREET  
LAKELAND FL 33801

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

Signature, typed or printed name of registered agent and title - applicable

(NOTE: Registered Agent signature required when reinstating)

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. ☐

**\$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-STATE-ZIP  
DP  
MITCHELL, GEORGE L, JR  
1312 E LEMON STREET  
LAKELAND FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
000000656935 ☐ Change ☐ Addition  
03/14/07-80045-006 300.00

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
HIGGENBOTHAM, MARTIN  
1666 WILLIAMSBURG SQUARE  
LAKELAND FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-STATE-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

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☐ Delete

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STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-07 863 944-6985

Date

Daytime Phone #