

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F92000000785

Entity Name: HHA SERVICES, INC.

**FILED**  
**Aug 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

22622 HARPER AVENUE  
ST. CLAIR SHORES, MI 48080

**New Principal Place of Business:**

**Current Mailing Address:**

22622 HARPER AVENUE  
ST. CLAIR SHORES, MI 48080

**New Mailing Address:**

FEI Number: 38-2053907

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:**

Title: VCD  
Name: FAYAD, PAUL  
Address: 22622 HARPER AVENUE  
City-St-Zip: ST. CLAIR SHORES, MI 48080

Title: PD  
Name: BOWEN, MILDRED  
Address: 22622 HARPER AVENUE  
City-St-Zip: ST. CLAIR SHORES, MI 48080

Title: STD  
Name: BOWEN, DANIEL W III  
Address: 22622 HARPER AVENUE  
City-St-Zip: ST. CLAIR SHORES, MI 48080

I hereby 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 all other like empowered.

SIGNATURE: MILDRED H. BOWEN

STD

08/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date