

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| <b>DOCUMENT # F94000000670</b><br>1. Entity Name<br>H.H.C.C. INC.   |   |   |  |  |  |
| Principal Place of Business<br>P O BOX 218<br>6538 LAKE GRIFFIN ROAD<br>LADY LAKE, FL 32159-9983 US   |   |   | Mailing Address<br>P O BOX 218<br>6538 LAKE GRIFFIN ROAD<br>LADY LAKE, FL 32159-9983 US                                    |  |  |
| 2. Principal Place of Business  |   | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |  |  |  |
| City & State  |   | City & State  |  |  |  |
| Zip   | Country   | Zip   | Country  | 04292005    Chg-P    CR2E034 (10/03)                   |  |
| 4. FEI Number<br>16-1452585   |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |   |  | \$8.75 Additional<br>Fee Required                      |  |
| 6. Name and Address of Current Registered Agent   |   |   | 7. Name and Address of New Registered Agent  |  |  |
| RICHEY, STEVEN J P.A.<br>1009 N. 14TH STREET<br>LEESBURG, FL 34748  |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;">FL    Zip Code</div> |  |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____  |   |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |   | 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>SWENSEN, DAVID F<br>55 WHITNEY AVE. 5TH FLOOR<br>NEW HAVEN, CT 06510  | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>UD00000360948<br>05/05/05-80058-002 150.00 |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | AS<br>MILLER, KENNETH R<br>55 WHITNEY AVE. 5TH FLR<br>NEW HAVEN, CT 06510   | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | AS<br>RICH, MICHAEL A<br>6538 LAKE GRIFFIN RD.<br>LADY LAKE, FL 32159       | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>FOREMAN, ALAN S<br>55 WHITNEY AVE. 5TH FLR<br>NEW HAVEN, CT 06510     | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>ALEXANDER, BRUCE D<br>455 WHITNEY AVE. 5TH FLR<br>NEW HAVEN, CT 06510 | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. |   |   |  |  |  |
| <b>SIGNATURE:</b>   |   |   |  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #   |   |   |  |  |  |