

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F94000002747

1. Entity Name
HLC 1 PARTNERS, INC.



Principal Place of Business
P.O. BOX 13069
SAVANNAH, GA 31416

Mailing Address
P.O. BOX 13069
SAVANNAH, GA 31416

FILED
06 MAY 18 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number
58-2103988

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

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, 2006 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
PDC
HAMMOND, J R
7080 ABERCORN ST.
SAVANNAH, GA 31406

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
AIMONE, CHARLES M
7080 ABERCOAN ST
SAVANAH, GA

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

600075972346
06/08/06--01007--005 **\$50.00

DO NOT WRITE
IN THIS SPACE

K. Eckel MAY 24 2006

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #