

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # F98000006673

1. Entity Name
HLC MAIN GATE, INC.



Principal Place of Business
7080 ABERCORN STREET
SAVANNAH, GA 31406

Mailing Address
PO BOX 13069
SAVANNAH, GA 31416



04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3544105	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	HAMMOND, J R
STREET ADDRESS	7080 ABERCORN STREET
CITY- ST- ZIP	SAVANNAH, GA 31406

TITLE	VVCS
NAME	AIMONE, CHARLES M
STREET ADDRESS	7080 ABERCORN STREET
CITY- ST- ZIP	SAVANNAH, GA 31406

TITLE	TD
NAME	ROBERTS, CHARLES H
STREET ADDRESS	7080 ABERCORN STREET
CITY- ST- ZIP	SAVANNAH, GA 31406

TITLE	D
NAME	SAULS, G G
STREET ADDRESS	7080 ABERCORN STREET
CITY- ST- ZIP	SAVANNAH, GA 31406

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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: **CHARLES M. AIMONE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07
Date

Daytime Phone #