


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000006675
1. Entity Name
HLC TAMPA PARTNERS, INC.



Principal Place of Business Mailing Address
7080 ABERCORN STREET **7080 ABERCORN STREET**
SAVANNAH, GA 31406 **SAVANNAH, GA 31406**

DO NOT WRITE IN THIS SPACE



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
58-2427635 Not Applicable

5. Certificate of Status Desired **\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	VSVC
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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05/03/05-80140-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **CHARLES M. AIMONE** **SEC/TREAS** **4/28/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #