


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

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



Principal Place of Business Mailing Address
7080 ABERCORN STREET **P O BOX 13069**
SAVANNAH, GA 31406 US **SAVANNAH, GA 31416 US**

DO NOT WRITE IN THIS SPACE



04302007 No Chg-P CR2E034 (11/05)

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

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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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PC HAMMOND, J R 7080 ABERCORN STREET SAVANNAH, GA 31406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSVC AIMONE, CHARLES M 7080 ABERCORN STREET SAVANNAH, GA 31406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBERTS, CHARLES H 7080 ABERCORN STREET SAVANNAH, GA 31406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAULS, G G 7080 ABERCORN STREET SAVANNAH, GA 31406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/24/07-80001-003 150.00

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 **CHARLES M. AIMONE** 4/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #