

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H40592

Entity Name: F.H.C.A. SERVICE CORP.

FILED
Apr 20, 2006
Secretary of State

Current Principal Place of Business:

307 W PARK AVE
PO BOX 1459
TALLAHASSEE, FL 32302

New Principal Place of Business:

307 W PARK AVE
TALLAHASSEE, FL 32301

Current Mailing Address:

307 W PARK AVE
PO BOX 1459
TALLAHASSEE, FL 32302

New Mailing Address:

PO BOX 1459
TALLAHASSEE, FL 32302

FEI Number: 59-2709669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHELAN, WILLIAM J MR.
307 W PARK AVE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHIFF, SID
Address: 220 SIERRA DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: SEC () Delete
Name: FRANKLIN, DEBORAH
Address: 851 W LUMSDEN RD
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: PHELAN, WILLIAM J.(E, XEC)
Address: 307 W PARK AVE
City-St-Zip: TALLAHASSEE, FL

Title: VP () Delete
Name: SYLVESTER, DAVID
Address: 411 N DILLARD ST
City-St-Zip: WINTER GARDEN, FL 34787

Title: T () Delete
Name: MARSHALL, ANTHONY
Address: 307 WEST PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY MARSHALL

T

04/20/2006

Electronic Signature of Signing Officer or Director

Date