2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H40592

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

FILED Apr 09, 2008 Secretary of State

Current Principal Place of Business:			New Principal	New Principal Place of Business:	
307 W PAF	οκ Δ\/E				
	SSEE, FL 3230	11			
17 (22) (17 (2	JOLL, 1 L 3230	' !			
Current Mailing Address:			New Mailing A	New Mailing Address:	
PO BOX 14					
TALLAHAS	SSEE, FL 3230	12			
FEI Number:	59-2709669	FEI Number Applied For ()	FEI Number Not Applicable	() Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Add	ress of New Registered Agent:	
,	MILLIAM J MR.				
307 W PARK AVE TALLAHASSEE, FL 32301 US					
IALLALIAC	DOLL, I L D200	03			
The above	named entity s	ubmits this statement for the pu	rpose of changing its rec	gistered office or registered agent, or both,	
	of Florida.	•			
	_				
SIGNATUF					
	Electroni	ic Signature of Registered Ager	nt	Date	
El4: 0		Toront Francis Constallation ()			
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICEDS	AND DIDECT	rone.	ADDITIONS	IANGES TO OFFICERS AND DIRECTORS.	
OFFICERS AND DIRECTORS:			ADDITIONS/CF	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	P ()	Delete	Title:	() Change () Addition	
Name:	SCHIFF, SID		Name:	3 ()	
Address:	220 SIERRA DR	IVE	Address:		
City-St-Zip:	NORTH MIAMI B	BEACH, FL 33179	City-St-Zip:		
Title:	, ,	Delete	Title:	() Change () Addition	
Name:	FRANKLIN, DEB		Name:		
Address:	851 W LUMSDE		Address:		
City-St-Zip:	BRANDON, FL	33311	City-St-Zip:		
Title:	D ()	Delete	Title:	() Change () Addition	
Name:	PHELAN, WILLI		Name:	()g- ()	
Address:	307 W PARK AV		Address:		
City-St-Zip:	TALLAHASSEE,	FL	City-St-Zip:		
Title:	. ,	Delete	Title:	() Change () Addition	
Name:	WILLINGHAM, N		Name:		
Address:	8104 TUTTLE AVENUE ip: SARASOTA, FL 34243		Address:		
City-St-Zip:	SARASOTA, FL	34243	City-St-Zip:		
Title:	T ()	Delete	Title:	() Change () Addition	
Name:	MARSHALL, AN		Name:	()	
Address:	307 WEST PAR		Address:		
City-St-Zip:	TALLAHASSEE,	FL 32301	City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM PHELAN D 04/09/2008