


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # J08860 1. Entity Name HMS CO. OF BREVARD, INC.	
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Principal Place of Business 2459 CHENEY HWY UNIT 66 TITUSVILLE, FL 32780 US	Mailing Address 3695 SUNSET AVENUE P. O. BOX 321 SCOTTSMOOR, FL 32775
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04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2673104	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 CALDERWOOD, JOE P. 3455 FLOUNDER CREEK RD. SCOTTSMOOR, FL 32775
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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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SIKINGER, THOMAS 3695 SUNSET AVE. SCOTTSMOOR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIKINGER, CAROL L. 3695 SUNSET AVE. SCOTTSMOOR, FL
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<p>U00000325977 04/23/05-80037-013 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Thomas H. SIKINGER **THOMAS H. SIKINGER** 4/21/05 3212675519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #