## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J08860

Entity Name: HMS CO. OF BREVARD, INC.

FILED Apr 16, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

2459 CHENEY HWY

UNIT 66

TITUSVILLE, FL 32780 US

New Mailing Address:

3695 SUNSET AVENUE

SCOTTSMOOR, FL 32775

**Current Mailing Address:** 3695 SUNSET AVENUE

P. O. BOX 321 SCOTTSMOOR, FL 32775

FEI Number: 59-2673104 FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

US

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SIKINGER, THOMAS H. SR. 3695 SUNSET AVENUE

SCOTTSMOOR, FL 32775 US

BOATMAN, TODD CPA 2175-C CHENEY HWY TITUSVILLE, FL 32780

TITUSVILLE, FL 32780 US

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: TODD BOATMAN

04/16/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete

Name: SIKINGER, THOMAS, Address: 3695 SUNSET AVE. City-St-Zip: SCOTTSMOOR, FL

City-St-Zip: SCOTTSMOOR, FL
Title: SD ( ) Dele

Title: SD ( ) Delete
Name: SIKINGER, CAROL L.,
Address: 3695 SUNSET AVE.
City-St-Zip: SCOTTSMOOR, FL

Title: Name:

` '

( ) Change ( ) Addition

Address: City-St-Zip:

Title: ( ) Change ( ) Addition

Name: Address: Citv-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: THOMAS SIKINGER PTD 04/16/2008