

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J71311

Entity Name: HAB SERVICES, INC.

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1601 MCCLOSKEY BLVD.  
TAMPA, FL 336056731

**New Principal Place of Business:**

**Current Mailing Address:**

1601 MCCLOSKEY BLVD.  
TAMPA, FL 336056731

**New Mailing Address:**

FEI Number: 59-3006364

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARKETT, KENNETH D  
1601 MC CLOSKEY BLVD.  
TAMPA, FL 33605 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BARKETT, ANTHONY J.  
Address: 1601 MCCLOSKEY BLVD  
City-St-Zip: TAMPA, FL

Title: S  
Name: BARKETT, KENNETH D.  
Address: 1601 MCCLOSKEY BLVD.  
City-St-Zip: TAMPA, FL

I hereby 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 all other like empowered.

SIGNATURE: KENNETH D. BARKETT

S

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date