2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K85097

FILED Mar 31, 2004 Secretary of State

Entity Name: HTA SERVICES INC

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
300 SOU SUITE G-1	TH FLORIDA	AVENUE			
	D, FL 338132	519			
Current M	lailing Addre	ess:	New Mailing Addres	ss:	
	TH FLORIDA	AVENUE			
SUITE G-1 AKELANI	D, FL 338132	519			
El Number	: 59-2946636	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
	N, JOSEPH A TH FLORIDA				
AKELAN	D, FL 33813				
he above	•	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both	
The above n the State	named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both	
he above the State	named entity of Florida. RE:	submits this statement for the points statement for the points of Registered Age		ed office or registered agent, or both Date	
The above on the State	named entity e of Florida. RE: Electro	·			
The above in the State SIGNATUI Election Cal	named entity e of Florida. RE: Electro	nic Signature of Registered Agong Trust Fund Contribution ().	ent		
The above in the State SIGNATUING CARREST CARR	named entity e of Florida. RE: Electro mpaign Financii S AND DIREG	onic Signature of Registered Ageing Trust Fund Contribution (). CTORS:) Delete LES W., RIDA AVENUE	ent	Date	
The above in the State SIGNATUI Election Cal	named entity e of Florida. RE: Electro mpaign Financia S AND DIREC DP (REED, CHARI 5300 S. FLOR LAKELAND, F D (BRADLEY, AL	onic Signature of Registered Ageing Trust Fund Contribution (). CTORS:) Delete LES W., EIDA AVENUE L) Delete AN S., SET SHORES CT	ADDITIONS/CHANG Title: Name: Address:	Date SES TO OFFICERS AND DIRECTO	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHARLES W. REED DP 03/31/2004