

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39901

FILED
Apr 16, 2007
Secretary of State

Entity Name: HPS, TRAINING AND EMPLOYMENT CENTER, INC.

Current Principal Place of Business:

1650 S. KANNER HIGHWAY
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 597
STUART, FL 34995

New Mailing Address:

FEI Number: 65-0264761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HUTCHESON, SUZANNE
1650 S. KANNER HIGHWAY
STUART, FL 34994 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: CD () Delete
Name: NUTTALL, GREG
Address: 1000 SE MONTEREY COMMONS BLVD, STE.101
City-St-Zip: STUART, FL 34996

Title: SD () Delete
Name: PIERCE, DOUG
Address: 800 SE MONTEREY ROAD
City-St-Zip: STUART, FL 34994

Title: VCD () Delete
Name: DETTORI, KIMBERLY A
Address: 800 SE OSCEOLA STREET
City-St-Zip: STUART, FL 34994

Title: TD () Delete
Name: HUDSON, DENNIS S III
Address: 815 COLORADO AVENUE
City-St-Zip: STUART, FL 34994

Title: PD () Delete
Name: HUTCHESON, SUZANNE
Address: 1650 S. KANNER HIGHWAY
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: CARLSON, LESLIE
Address: 166 SE ST. LUCIE BLVD., #301
City-St-Zip: STUART, FL 34996

Title: VCD (X) Change () Addition
Name: GEORGE, BOVIE F
Address: 555 COLORADO AVENUE
City-St-Zip: STUART, FL 34994

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE HUTCHESON

PD

04/16/2007

Electronic Signature of Signing Officer or Director

Date