2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002687

SCHMIDT, MARTIN

1340 RICHWOOD CIR.

ROCKLEDGE, FL 32955

Name:

Address:

City-St-Zip:

FILED Apr 14, 2009 Secretary of State

Entity Name: HMGS SOUTH, INC. **Current Principal Place of Business: New Principal Place of Business:** 3426 LORI LANE SOUTH LAKELAND, FL 33801 **Current Mailing Address: New Mailing Address:** 3426 LORI LANE SOUTH LAKELAND, FL 33801 US FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RISNER, PAUL E 10325 NORTHWEST 63RD DR. PARKLAND, FL 33076 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MASON, LEON Name: Name: 3425 SPINEY RD Address: Address: City-St-Zip: LAKELAND, FL 33810 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: GRICE, RICKEY Name: Address: 3426 LORI LANE S Address: City-St-Zip: LAKELAND, FL 33801 City-St-Zip: Title: PD () Delete Title: () Change () Addition BALDRIDGE, ED Name: Name: Address: PO BOX 6854 Address: City-St-Zip: AVON PARK, FL 33826 City-St-Zip: Title: SD Title: SD (X) Change () Addition () Delete PRESLEY, SCOTT Name: PHILLIPS, RAYMOND F Name: 12108 LONGSTRAP LANE 6034 CHRISTINA DR WEST Address: Address: City-St-Zip: BAYONET POINT, FL 34667 City-St-Zip: LAKELAND, FL 33813 Title: () Delete Title: () Change () Addition

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: RICKEY A. GRICE TD 04/14/2009