

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000000633

Entity Name: HCCGA SERVICES, INC.

FILED
Jan 21, 2009
Secretary of State

Current Principal Place of Business:

#8 RAILROAD AVE
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

PO BOX 337
HAINES CITY, FL 33845 US

New Mailing Address:

FEI Number: 59-3615723 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROADAWAY, DENNIS P
#8 RAILROAD AVE
HAINES CITY, FL 33844 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TURNER, ROBERT
Address: 304 LOCHEN CIRCLE SE
City-St-Zip: WINTER HAVEN, FL 33884

Title: 1VD () Delete
Name: BAUKNIGHT, JAMES
Address: 5600 E ISLO BIDNSON HWY
City-St-Zip: SAINT CLOUD, FL 34771

Title: 2VD () Delete
Name: BENTLEY, PAT
Address: 1300 ISLAND WAY S/E
City-St-Zip: WINTER HAVEN, FL 33880

Title: ST () Delete
Name: HAMRICK, HR
Address: 17901 HOLLY BROOK DR
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: ROCKER, TOM
Address: 2740 SEQUOYAH DR
City-St-Zip: HAINES CITY, FL 33844

Title: D (X) Delete
Name: MCTEER, HAROLD
Address: 3152 BEAUCHAMP COURT
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BENTLEY, PAT
Address: P. O. BOX 747
City-St-Zip: WINTER HAVEN, FL 33882

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

Title: 2VD (X) Change () Addition
Name: LEWIS, WAYNE
Address: BOX 1425
City-St-Zip: THONOTOSASSA, FL 33592

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

Title: D (X) Change () Addition
Name: ROCKER, TOM
Address: 6039 CYPRESS GARDENS BLVD #283
City-St-Zip: WINTER HAVEN, FL 33844

Title: () Change () Addition
Name:
Address:
City-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: H R HAMRICK

Electronic Signature of Signing Officer or Director

ST

01/21/2009

_____ Date