


2005 FOR PROFIT CORPORATION ANNUAL REPORT

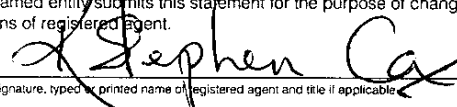
DOCUMENT # P00000032684		
1. Entity Name H.C. VENTURES INC		

Principal Place of Business PO BOX 208 MIDWAY, FL 32343	Mailing Address PO BOX 208 MIDWAY, FL 32343
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2. Principal Place of Business 2617 Ridgeway St Suite, Apt. #, etc. Suite A	3. Mailing Address P.O. Box 208 Suite, Apt. #, etc.
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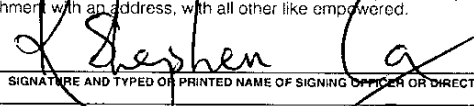
City & State TALL Florida	City & State MIDWAY FL
Zip 32310	Country Leon
Zip 32343	Country GADSDEN

6. Name and Address of Current Registered Agent COX, K STEPHEN 4340 WINDY PINE CT TALLAHASSEE, FL 32305		7. Name and Address of New Registered Agent Name Cox, K STEPHEN Street Address (P.O. Box Number is Not Acceptable) 2617 Ridgeway St Suite A City Tallahassee FL Zip Code 32310	
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAJOR, BRENDA PO BOX 208 N/A MIDWAY, FL 32343 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200054518672 05/13/05--01052--020 **159.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COX, DORCAS PO BOX 208 N/A MIDWAY, FL 32343 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO COX, K. STEPHEN PO BOX 208 N/A MIDWAY, FL 32343 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COX, K.S. PO BOX 208 N/A MIDWAY, FL 32343 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HENRY, DOROTHY M PO BOX 208 MIDWAY, FL 32343 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PAUL ROBERTS P.O. BOX 208 MIDWAY, FL 32343

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	Date (850) 576-5466

FILED

05 MAY 10 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05102005 Chg-P CR2E034 (10/03)