#### 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # P00000070123**

1. Entity Name THE HSE GROUP, INC.



Principal Place of Business

Mailing Address

1896 GARDENIA ST. FERNANDINA BCH, FL 32034 1896 GARDENIA ST. FERNANDINA BCH, FL 32034

# **FILED** Mar 10, 2006 8:00 am Secretary of State

03-10-2006 90015 037 \*\*\*150.00

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CR2E034 (11/05)



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Applied For 4. FEI Number 59-3662795 Not Applicable 

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BATCHELOR, JOHN 1896 GARDENIA ST. FERNANDINA BCH, FL 32034

### DO NOT WRITE IN THIS SPACE

No Chg-P

	e named entity submits this statement for the p tions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or both, in the	e State of Florida. I am familiar with, and accep	t
SIGNATURE.	Signature, typed or printed name of registered agent and title i	if applicable. (NOTE: Registered	d Agent signature	required when reinstating)	DATE -	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				_
10.	OFFICERS AND DIRECTORS			<del></del>		_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATCHELOR, SUZANNE BELL 1896 GARDENIA ST. FERNANDINA BCH, FL 32034					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						

### DO NOT WRITE IN THIS SPACE

Date

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attac ment with an address, with all other like

SIGNATURE:

STREET ADDRESS

CITY-SI-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daylime Phone #