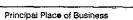
2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000057238 1. Entity Name HCL INC.



FILED Aug 09, 2004 08:00 AM Secretary of State



Mailing Address

9146 ARROWHEAD DR LAKE WORTH, FL 33467 9146 ARROWHEAD DR LAKE WORTH, FL 33467



08052004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1122188 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LINDLEY, RICHARD H 9146 ARROWHEAD DR LAKE WORTH, FL 33467

DO	NOT	WRITE
IN	THIS	SPACE

	named entity submits this statement for the lons of registered agent.	purpose of changing its registered of	ffice ar r	egistered agent, or bo	ith, in the State of Florida. 1 am familiar with, and accept	i
SIGNATURE_	Signature, hyped or printed name of registered egent and til	sie if applicable (NOTE, Registered Age	nt signat un	o required when refristedig)	DATE	1
FILE NOW!!! FEE 18 \$150.00 9. Election Campaign Finance Due by September 8, 2004 Trust Fund Contribution.			, 	\$5.00 May Se Added to Fees	in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	7
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR CEOD LINDLEY, RICHARD H 9146 ARROWHEAD DR LAKE WORTH, FL 33467	ECTORS			1000000169668	
NAME STREET ADDRESS CITY-ST-ZIP	PD LINDLEY, SARAH C 9146 ARROWHEAD DR LAKE WORTH, FL 33467				100000169668 08/09/04-80006-004 158,75	
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
HAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 truefee empoyered 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 any address, yitip all other like empowered.

SIGNATURE

MAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/04

581.642.7211