

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000088843

Entity Name: H C L & ASSOCIATES, INC

FILED
Apr 29, 2004
Secretary of State

Current Principal Place of Business:

420 OSCEOLA AVENUE
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

2902 ISABELLA BLVD SUITE 50
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

POST OFFICE BOX 328
PONTE VEDRA BEACH, FL 32004

New Mailing Address:

FEI Number: 59-3744364

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEED, ROBERT C JR.
420 OSCEOLA AVENUE
JACKSONVILLE BEACH, FL 32250

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: WEED, ROBERT C JR.
Address: 412 PONTE VEDRA BLVD.
City-St-Zip: PONTE VEDRA BEACH, FL 32004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT C WEED JR

PD

04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date