

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000012370 1. Entity Name HMC, INC.	
---	---

Principal Place of Business 10810 NW 21ST COURT SUNRISE, FL 33322	Mailing Address 10810 NW 21ST COURT SUNRISE, FL 33322
---	---



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0599321	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CARR, IRVING 10810 NW 21ST COURT SUNRISE, FL 33322	DO NOT WRITE IN THIS SPACE
---	---------------------------------------

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT CARR, MARJORIE 10810 NW 21ST COURT SUNRISE, FL 33322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS CARR, IRVING 10810 NW 21ST COURT SUNRISE, FL 33322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000172675
01/06/05-BN007-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Margorie Carr Margorie Carr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/05 954 741 4911
Date Daytime Phone #