

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000082114**

1. Entity Name  
**HEMATECH SERVICES, INC.**



Principal Place of Business  
**615 PRAIRIE LAKE DRIVE  
FERN PARK, FL 32730**

Mailing Address  
**615 PRAIRIE LAKE DRIVE  
FERN PARK, FL 32730**



01182008 No Chg-P CR2E034 (11/05)

4. FEI Number **56-2283646** 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**

**MONTE, GEORGE  
615 PRAIRIE LAKE DRIVE  
FERN PARK, FL 32730**

**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, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MONTE, GEORGE  
STREET ADDRESS 615 PRAIRIE LAKE DRIVE  
CITY-ST-ZIP FERN PARK, FL 32730

TITLE TD  
NAME THILMONY, MILES D  
STREET ADDRESS 2831 NICHOLAS LANE  
CITY-ST-ZIP APOPKA, FL 32703

TITLE SD  
NAME ANGELINI, MICHAEL J  
STREET ADDRESS 471 RIVERWOODS TRAIL  
CITY-ST-ZIP CHULUOTA, FL 32766

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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01/25/08-80001-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 attachment with an address, with all other like empowered.

**SIGNATURE:**

*George Monte*  
**George Monte, President**

*1/18/08* **407-920-7297**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #