2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2005 08:00 AM Secretary of State

3.1.05 813-918-0411

DOCUMENT # P0300001969 1. Enlity Name H.N.C. COMMUNICATIONS, INC.					corcoury or zone
Principal Plac 6830 MITCH TAMPA, FL	ELL CIRCLE	Mailing Address 6830 MITCHELL CIRCLE TAMPA, FL 33634		- 1 (144) 114 (144) 1144 (144) 1144 (144) 1144 (144)	IN DESCRIPTION OF THE CONTRACT
	O NOT WRITE	N THIS SDA	^E	02202005 No Chg-P	CR2E034 (10/03)
				13-4232746 Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional Fee Required
	6. Name and Address of Current Red MERLANDO E CHELL CIRCLE L 33634	istered Agent		DO NOT W IN THIS SE	Adams and Graff Liberal Children
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 life if applicable. (NCTE: Registered Agent signature required when renstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				.00 May Be led to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF D CORLIS, MERLANDO E 6830 MITCHELL CIRCLE TAMPA, FL 33634	ECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					
NAME Street Address City-St-Zip				DO NOT W	'RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SI	PACE
title Name Street adoress City-St-Zip					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated of the corrections of the	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empower or on an attachment with an address, with	filing does not qualify for the exent e and accurate and that my signate ed to execute this report as required all other like empowered	nption stated in Se ure shall have the s ed by Chapter 607	ction 119.07(3)(i), Florida Statutes. same legal effect as if made under o , Florida Statutes, and that my nam	I further certify that the information bath, that I am an officer or director e appears in Block 10 or Block 11 if