2005 FOR PROFIT CORPORATION ANNUAL REPORT

8/31/2005-90013-048-$175.00-$175.00

FILED
05 SEP 28 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000002562

1. Entity Name
THE HASTINGS & MCCORMICK GROUP, INC.

Principal Place of Business	Mailing Address
3513 EXETER COURT ORLANDO, FL 32812	3513 EXETER COURT ORLANDO, FL 32812

08262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1013 CALIFORNIA CREEK DR	1013 CALIFORNIA CREEK DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OVIEDO, FL	City & State: OVIEDO, FL
Zip: 32765 Country: USA	Zip: 32765 Country: USA

4. FEI Number: 65-1167725 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BENOIT, SHARON 3513 EXETER COURT ORLANDO, FL 32812	Name Street Address (P.O. Box Number is Not Acceptable): 1013 CALIFORIA CREEK DR. City: OVIEDO FL Zip Code: 32765

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: Sharon Benoit 8-26-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENOIT, SHARON 3513 EXETER COURT ORLANDO, FL 32812	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENOIT, SHARON 1013 CALIFORNIA CREEK DR OVIEDO, FL 32765 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENOIT, JAMES E 3513 EXETER COURT ORLANDO, FL 32812	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENOIT, JAMES E. 1013 CALIFORNIA CREEK DR. OVIEDO, FL 32765 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400060729344 10/18/05--01086--009 **375.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 9/29

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: Sharon Benoit 8-26-05 401-422-7159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #