


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90272 002 \*\*\*150.00

<b>DOCUMENT # P03000155972</b> 1. Entity Name <b>H. C. S. OF BOYNTON BEACH INC</b>			
Principal Place of Business <b>2552 S FEDERAL HWY BOYNTON BEACH, FL 33434</b>		Mailing Address <b>2552 S FEDERAL HWY APT #1 BOYNTON BEACH, FL 33434</b>	
2. Principal Place of Business <b>1036 DAVENPORT DRIVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>1036 DAVENPORT DRIVE</b> Suite, Apt. #, etc.	
City & State <b>THE VILLAGES, FL</b>		City & State <b>THE VILLAGES, FL</b>	
Zip <b>32162</b>		Country <b>SUMTER</b>	
4. FEI Number <b>20-0505053</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>STANLEY, HAROLD C 2552 S FEDERAL HWY BOYNTON BEACH, FL 33434</b>		7. Name and Address of New Registered Agent Name <b>STANLEY, HAROLD C</b> Street Address (P.O. Box Number is Not Acceptable) <b>1036 DAVENPORT DRIVE</b>  <b>THE VILLAGES FL 32162</b>	
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: <u><i>Harold C Stanley</i></u> <b>HAROLD C STANLEY</b> <span style="float: right;">DATE: <b>APRIL 27, 2005</b></span> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when retitling)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>P</b> <b>STANLEY, HAROLD C</b> <input checked="" type="checkbox"/> Delete <b>2552 S FEDERAL HWY</b> <b>BOYNTON BEACH, FL 33434</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STANLEY, HAROLD C</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1036 DAVENPORT DRIVE</b> <b>THE VILLAGES, FL 32162</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Harold C Stanley</i></u> <b>HAROLD C STANLEY</b>		DATE: <b>APRIL 27, 2005</b> <span style="float: right;">(352) 751-1669</span>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	