

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90063 007 ***150.00

DOCUMENT # P04000016340					
1. Entity Name HMS AND COMPANY, INC.					
Principal Place of Business 4495-304 ROOSEVELT BLVD #332 JACKSONVILLE, FL 32210			Mailing Address 4495-304 ROOSEVELT BLVD #332 JACKSONVILLE, FL 32210 <i>ONE SAN JOSE PLACE SUITE 17 JACKSONVILLE, FLA 32257</i>		
2. Principal Place of Business <i>4495-304 Roosevelt Blvd</i> Suite, Apt. #, etc. <i># 332</i>			Mailing Address <i>ONE SAN JOSE PLACE -</i> Suite, Apt. #, etc. <i>Suite 17</i>		
City & State <i>Jacksonville Florida 32210</i>		City & State <i>Jacksonville, FLA</i>		4. FEI Number <i>14-1902519</i>	
Zip <i>32210</i>	Country <i>DUVAL USA</i>	Zip <i>32257</i>	Country <i>DUVAL</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BONDURANT, JR., EVERETT H C/O FLORIDA TRUST SERVICES ONE SAN JOSE PLACE, SUITE 17 JACKSONVILLE, FL 32257				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (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. <input type="checkbox"/> \$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	<i>President</i> <i>Fayvett SWITZER</i> <i>ONE SAN JOSE PLACE SUITE 17</i> <i>Jacksonville, Florida</i> <i>32257</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 another like empowered.					
SIGNATURE: <i>Fayvett Switzer President</i> <i>4/26/05</i> (904) 262-1311 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					