

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000038406

Entity Name: F.H.S. INCORPORATED

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

14640 SW SONORA TERRACE
INDIANTOWN, FL 34956

New Principal Place of Business:

Current Mailing Address:

14640 SW SONORA TERRACE
INDIANTOWN, FL 34956

New Mailing Address:

FEI Number: 20-0798604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIVERS, NICHOLAS G
950 S. KANNER HWY
A-29
STUART, FL 34994 US

Name and Address of New Registered Agent:

LEIVERS, ISABELLE R
1602 SE COLLETTE CT.
PORT ST LUCIE, FL 34952 US

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.

SIGNATURE: ISABELLE LEIVERS

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LEIVERS, NICHOLAS G
Address: 950 S. KANNER HWY, A-29
City-St-Zip: STUART, FL 34994

Title: DV () Delete
Name: HABERBERGER, JANICE
Address: 14640 SW SONORA TERRACE
City-St-Zip: INDIANTOWN, FL 34956

Title: DT () Delete
Name: LEIVERS, ISABELLE R
Address: 14640 SW SONORA TERRACE
City-St-Zip: INDIANTOWN, FL 34956

Title: DO () Delete
Name: STEWART, MELVA A
Address: 1137 PERCIVAL ST
City-St-Zip: FT PIERCE, FL 34982

Title: DO (X) Delete
Name: PARKER, JAMES E
Address: 112 EAST CHANDLER RD
City-St-Zip: WEST PALM BEACH, FL 33406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISABELLE LEIVERS

DT

03/24/2009

Electronic Signature of Signing Officer or Director

Date