

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000038406

Entity Name: F.H.S. INCORPORATED

FILED
Jul 08, 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, ISABELLE R
1602 SE COLLETTE CT.
PORT ST LUCIE, FL 34952 US**Name and Address of New Registered Agent:**HABERBERGER, JANICE
14640 SW SONORA TER
INDIANTOWN, FL 34956 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: JANICE HABERBERGER

07/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: DP () Delete
Name: LEIVERS, NICHOLAS G
Address: 950 S. KANNER HWY, A-29
City-St-Zip: STUART, FL 34994Title: DV () Delete
Name: HABERBERGER, JANICE
Address: 14640 SW SONORA TERRACE
City-St-Zip: INDIANTOWN, FL 34956Title: DT () Delete
Name: LEIVERS, ISABELLE R
Address: 14640 SW SONORA TERRACE
City-St-Zip: INDIANTOWN, FL 34956Title: DO () Delete
Name: STEWART, MELVA A
Address: 1137 PERCIVAL ST
City-St-Zip: FT PIERCE, FL 34982Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: DO (X) Change () Addition
Name: HAMILTON, BENITA
Address: PO BOX 2992
City-St-Zip: BELLE GLADE, FL 33430Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: DO () Change (X) Addition
Name: MEREDITH, JESSICA A
Address: 642 NW CARDINAL DR
City-St-Zip: PORT ST LUCIE, FL 34983Title: DO () Change (X) Addition
Name: BEAULIEU, TINA
Address: 910 AVENUE M
City-St-Zip: FT PIERCE, FL 34950

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: JANICE HABERBERGER

DV

07/08/2009

Electronic Signature of Signing Officer or Director

Date