

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000097915

1. Entity Name
HGS SERVICES, INC.



FILED

2005 OCT 11 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

814 SE 46TH LANE SUITE 4
CAPE CORAL, FL 33904

Mailing Address

814 SE 46TH LANE SUITE 4
CAPE CORAL, FL 33904

2. Principal Place of Business

455 SE CAPE CORAL PKWY

3. Mailing Address

455 SE CAPE CORAL PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10062005

REIN-P

CR2E098 (6/04)

City & State

CAPE CORAL FL

City & State

CAPE CORAL FL

4. FEI Number

20-1307864

Applied For

Not Applicable

Zip

33904

Country

Zip

33904

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name

ROGER L HOLDA

Street Address (P.O. Box Number is Not Acceptable)

c/o HGS SERVICES INC

455 SE CAPE CORAL PARKWAY

City

CAPE CORAL

FL

Zip Code

33904

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

Roger L Holda

Signature, typed or printed name of registered agent and title if applicable.

Roger L Holda

(NOTE: Registered Agent signature required when reinstating)

10/7/05

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HUTTON, PATRICK J	
STREET ADDRESS	814 SE 46TH LANE SUITE 4	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SONNE, LILIAN A	
STREET ADDRESS	814 SE 46TH LANE SUITE 4	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GREER, ELIN M	
STREET ADDRESS	814 SE 46TH LANE SUITE 4	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GREER, RICHARD A	
STREET ADDRESS	814 SE 46TH LANE SUITE 4	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HUTTON, LYNN A	
STREET ADDRESS	814 SE 46TH LANE SUITE 4	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900060495723	
STREET ADDRESS	10/11/05--01051--016	
CITY-ST-ZIP	**150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Patrick Hutton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK HUTTON

10/7/05

239.540.3800

Date

Daytime Phone #