

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000165007

Entity Name: HLC SERVICES, INC.

FILED  
Apr 06, 2007  
Secretary of State

## Current Principal Place of Business:

4635 DE LEON STREET UNIT I-158  
FT MYERS, FL 33907

## New Principal Place of Business:

4635 DE LEON STREET  
I-158  
FT MYERS, FL 33907

## Current Mailing Address:

4635 DE LEON STREET UNIT I-158  
FT MYERS, FL 33907

## New Mailing Address:

4635 DE LEON STREET  
I-158  
FT MYERS, FL 33907

FEI Number: 20-1976800

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION  
1261 E SAMPLE RD  
POMPANO BEACH, FL 33064 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: COSTA, HUDSON L  
Address: 4635 DE LEON ST., SUITE I-158  
City-St-Zip: FT MYERS, FL 33907

Title: D ( ) Delete  
Name: SALMENTO, EDILSON  
Address: 4635 DE LEON STREET UNIT I-158  
City-St-Zip: FT MYERS, FL 33907

Title: D (X) Delete  
Name: MORENO DA SILVA, RICARDO  
Address: 4635 DE LEON STREET UNIT I-158  
City-St-Zip: FT MYERS, FL 33907

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: COSTA, HUDSON L  
Address: 4635 DE LEON ST SUITE I-158  
City-St-Zip: FT MYERS, FL 33907

Title: D (X) Change ( ) Addition  
Name: DE MARCHI, LIDIANE O  
Address: 4635 DE LEON STREET UNIT I-158  
City-St-Zip: FT MYERS, FL 33907

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

I hereby certify that the information supplied with this filing does not qualify for the 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: HUDSON L COSTA

P

04/06/2007

Electronic Signature of Signing Officer or Director

Date