

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000095381

FILED
Oct 15, 2008
Secretary of State**Entity Name:** HBS SERVICES, INC.**Current Principal Place of Business:**5412 CAHRBAR DRIVE
PENSACOLA, FL 32526**New Principal Place of Business:**3327 NORTH W ST
SUITE A
PENSACOLA, FL 32505**Current Mailing Address:**5412 CAHRBAR DRIVE
PENSACOLA, FL 32526**New Mailing Address:**3327 NORTH W ST
SUITE A
PENSACOLA, FL 32505**FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BRANNON, MICHAEL
5412 CAHRBAR DRIVE
PENSACOLA, FL 32526 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

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: BRANNON, JOHN MICHAEL
Address: 5412 CAHRBAR DRIVE
City-St-Zip: PENSACOLA, FL 32526**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** S () Change (X) Addition
Name: HEFFLIN, JAMES R
Address: 2252 SANIBEL LN
City-St-Zip: GULF BREEZE, FL 32563

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: JAMES R HEFFLIN

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10/15/2008

Electronic Signature of Signing Officer or Director

Date