150

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000158053

1. Entity Name
HC GROUP SERVICES, INC.

FILED
07 MAR 30 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01062007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
330 E. CENTRAL BLVD. ORLANDO, FL 32801	P.O. BOX 2146 ORLANDO, FL 32802

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
200 S. Orange Avenue	
Suite, Apt. #, etc. Suite 2075	Suite, Apt. #, etc.
City & State Orlando, FL	City & State
Zip 32801 / Country USA	Zip / Country

4. FEI Number 56-2616207 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
G&L AGENT SERVICES, INC. 390 N. ORANGE AVE., STE. 600 ORLANDO, FL 32801	Name: Denise Reck Street Address (P.O. Box Number is Not Acceptable): 200 S. Orange Ave., Suite 2075 City: Orlando FL Zip Code: 32801

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: Denise Reck, Contract Manager — Denise Reck — DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORRESTER, TIM D P.O. BOX 2146 ORLANDO, FL 32802	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LINN, WILLIAM D P.O. BOX 2146 ORLANDO, FL 32802	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WINTERBURN, DAMIAN D P.O. BOX 2146 ORLANDO, FL 32802	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KANE, ALEX D P.O. BOX 2146 ORLANDO, FL 32802	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIDDELL, BRENT D P.O. BOX 2146 ORLANDO, FL 32802	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

300095000133
04/05/07--01043--002 **550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 3/21/07 4073770555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #