

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000162309

Entity Name: HCT INCORPORATED

FILED  
Mar 30, 2010  
Secretary of State

**Current Principal Place of Business:**

453 MISTY OAKS RUN  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

25 COUNTY LINE RD  
EUBANK, KY 42567

**Current Mailing Address:**

453 MISTY OAKS RUN  
CASSELBERRY, FL 32707

**New Mailing Address:**

25 COUNTY LINE RD  
EUBANK, KY 42567

FEI Number: 33-1129441

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CROWDER, DAVID P.A.  
820 LAKE KATHRYN CIR  
CASSELBERRY, FL 32707 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: PRES  
Name: WARE, SHARON K  
Address: 25 COUNTY LINE RD  
City-St-Zip: EUBANK, KY 42567

Title: VP  
Name: WARE, JOHN D  
Address: 25 COUNTY LINE RD  
City-St-Zip: EUBANK, KY 42567

Title: SECY  
Name: WARE, JOHN D  
Address: 25 COUNTY LINE RD  
City-St-Zip: EUBANK, KY 42567

Title: TRES  
Name: WARE, JOHN D  
Address: 25 COUNTY LINE RD  
City-St-Zip: EUBANK, KY 42567

I hereby 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 all other like empowered.

SIGNATURE: SHARON K. WARE

PRES

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date