

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000032259

FILED  
Apr 11, 2007  
Secretary of State

Entity Name: HCE MANAGEMENT GROUP, INC.

**Current Principal Place of Business:**

1232 MARKET CIRCLE  
PORT CHARLOTTE, FL 33953

**New Principal Place of Business:**

**Current Mailing Address:**

1232 MARKET CIRCLE  
PORT CHARLOTTE, FL 33953

**New Mailing Address:**

FEI Number: 20-4710922

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OAKS, DSAVID K  
407 EAST MARION AVENUE  
PUNTA GORDA, FL 33950 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: PD ( ) Delete  
Name: HELM, WALTER  
Address: 17106 SEASHORE AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VD ( ) Delete  
Name: ELEK, PATRICK  
Address: 80 ORLANDO BLVD.  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: TD ( ) Delete  
Name: HELM, LINDA  
Address: 17106 SEASHORE AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: SD ( ) Delete  
Name: CUMMINS, MELISSA  
Address: 25616 AYSEN DRIVE  
City-St-Zip: PUNTA GORDA, FL 33983

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: WALTER HELM

PD

04/11/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date