## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # P06000041592**

1. Entity Name

INTERNATIONAL HS&E PROFESSIONALS, INC.



**FILED** May 05, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

9249 GLEN MOOR LANE PORT RICHEY, FL 34668

US

9249 GLEN MOOR LANE PORT RICHEY, FL 34668

US



$\mathbf{n}$	NOT	WDITE	INI	PILIT	SPACE	
JL 3	IVILII	VVRIIF	HIN		JEAUE	

04292008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-4593659

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAIRD, MARY 7415 BIMINI DRIVE PORT, FL 34668

STREET ADDRESS CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

			1			
8. The above the obligat	named entity submits this statement for the plons of registered agent.	urpose of changing its registered	office or re	gistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and little i	f applicable (NOTE: Registered A	gent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000947668	
10.	OFFICERS AND DIREC	CTORS		2	- 00,02,00 0000 001 100:00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREAD, MARK R 9249 GLEN MOOR LANE PORT RICHEY, FL 34668				· · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE	
TITLE. NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

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.

NAME OF SIGNING OFFICER OR DIRECTOR