

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000157697

FILED  
Feb 13, 2007  
Secretary of State

Entity Name: HCE SERVICES, INC.

## Current Principal Place of Business:

1900 5TH STREET NW  
WINTER HAVEN, FL 33881

## New Principal Place of Business:

## Current Mailing Address:

1900 5TH STREET NW  
WINTER HAVEN, FL 33881

## New Mailing Address:

PO BOX 3036  
WINTER HAVEN, FL 33885

FEI Number: 20-8210775

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEUKAMM, MICHAEL E  
301 E. PINE STREET, SUITE 1400  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

DYAL JR, LUCIUS M  
1900 5TH STREET NW  
WINTER HAVEN, FL 33881 US

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: LUCIUS M DYAL JR

02/13/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Change (X) Addition  
Name: MIXON, KEITH D  
Address: 1900 5TH ST NW  
City-St-Zip: WINTER HAVEN, FL 33881

Title: VP ( ) Change (X) Addition  
Name: MIXON, GREGORY C  
Address: 1900 5TH ST NW  
City-St-Zip: WINTER HAVEN, FL 33881

Title: VP ( ) Change (X) Addition  
Name: MIXON JR, GERALD M  
Address: 1900 5TH ST NW  
City-St-Zip: WINTER HAVEN, FL 33881

Title: VP ( ) Change (X) Addition  
Name: DYAL JR, LUCIUS M  
Address: 1900 5TH STREET NW  
City-St-Zip: WINTER HAVEN, FL 33881

Title: S/TR ( ) Change (X) Addition  
Name: DETJEN, SCARLET D  
Address: 1900 5TH ST NW  
City-St-Zip: WINTER HAVEN, FL 33881

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: KEITH D MIXON

PD

02/13/2007

Electronic Signature of Signing Officer or Director

Date