

# **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000019446

Entity Name: HCW SERVICES, INC.

**FILED**  
**Jan 08, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

1145 ARBROID DR.  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

**Current Mailing Address:**

1145 ARBROID DR.  
ENGLEWOOD, FL 34223

**New Mailing Address:**

FEI Number: 20-8646991

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

EMERY, SHAWN  
1145 ARBROID DR.  
ENGLEWOOD, FL 34223 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: D ( ) Delete  
Name: EMERY, SHAWN  
Address: 1145 ARBROID DR.  
City-St-Zip: ENGLEWOOD, FL 34223

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

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

I hereby certify that the information supplied with this filing does not qualify 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: SHAWN EMERY

PRES

01/08/2008

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

\_\_\_\_\_  
Date