

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90004 031 ***150.00

DOCUMENT # P07000084287

1. Entity Name
H & M TECHNICAL SERVICES, INC.



Principal Place of Business
**104 S CORY DRIVE
SUITE 1A
EDGEWATER, FL 32141**

Mailing Address
**3031 NEEDLE PALM DRIVE
EDGEWATER, FL 32141**

40046294



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142008

Chg-P

CR2E034 (12/06)

4. FEI Number

542126046

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, HENRY A
3031 NEEDLE PALM DRIVE
EDGEWATER, FL 32141**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Henry A. Williams

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when resigning.)

3-14-2008

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WILLIAMS, HENRY A**
STREET ADDRESS **3031 NEEDLE PALM DRIVE**
CITY-ST-ZIP **EDGEWATER, FL 32141**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **WILLIAMS, GINGER L**
STREET ADDRESS **3031 NEEDLE PALM DRIVE**
CITY-ST-ZIP **EDGEWATER, FL 32141**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. 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.

SIGNATURE: *Henry A. Williams* **Henry A. Williams** **3-14-2008** **386-423-5264**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #