# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2009**
**Secretary of State**

DOCUMENT# P08000083597

**Entity Name:** HCS PROJECT MANAGEMENT, INC.

**Current Principal Place of Business:**

3615 E OLIVE LANE
HERNANDO BEACH, FL 34442

**New Principal Place of Business:**

3615 E OLIVE LANE
HERNANDO, FL 34442

**Current Mailing Address:**

PO BOX 751
HERNANDO BEACH, FL 33442

**New Mailing Address:**

PO BOX 751
HERNANDO, FL 34442

**FEI Number: 26-3331698** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

ROBERTS, SANDRA L
3615 E OLIVE LANE
HERNANDO BEACH, FL 34442 US

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

ROBERTS, SANDRA L
3615 E OLIVE LANE
HERNANDO, FL 34442 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: _____ 04/30/2009
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete
Name: ROBERTS, SANDRA L
Address: PO BOX 751
City-St-Zip: HERNANDO BEACH, FL 34442

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

Title: PS (X) Change ( ) Addition
Name: ROBERTS, SANDRA L
Address: PO BOX 751
City-St-Zip: HERNANDO, FL 34442

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: SANDRA L. ROBERTS PS 04/30/2009
Electronic Signature of Signing Officer or Director — Date