

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000104623

FILED  
Aug 30, 2009  
Secretary of State

Entity Name: H. I. M. SERVICES INC.

## Current Principal Place of Business:

1842 NORTH BLACKWELL DR  
PORT ST LUCIE, FL 34952

## New Principal Place of Business:

## Current Mailing Address:

1842 NORTH BLACKWELL DR  
PORT ST LUCIE, FL 34952

## New Mailing Address:

FEI Number: 36-4644454

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HALL, BILL  
Address: 2333 BEECHWOOD TER  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D ( ) Delete  
Name: GEMALARO, BOB  
Address: 1850 NORTH BLACKWELL DR  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: P ( ) Delete  
Name: LEISNER, PATRICK  
Address: 1850 NORTH BLACKWELL DR  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: S ( ) Delete  
Name: LEISNER, BETTY JO  
Address: 1850 NORTH BLACKWELL DR  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: T ( ) Delete  
Name: LEISNER, STEPHENIE  
Address: 1850 NORTH BLACKWELL DR  
City-St-Zip: PORT ST LUCIE, FL 34952

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: S (X) Change ( ) Addition  
Name: WELLS, JASON  
Address: 549 S.E. MARYDALE TER.  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: T (X) Change ( ) Addition  
Name: LEISNER, PATRICK  
Address: 1850 NORTH BLACKWELL DR  
City-St-Zip: PORT ST LUCIE, FL 34952

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: PATRICK LEISNER

P

08/30/2009

Electronic Signature of Signing Officer or Director

Date