

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000019170

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** HES CONSULTING SERVICES INCORPORATED

**Current Principal Place of Business:**

987 CRESTVIEW CIRCLE  
WESTON, FL 33327 US

**New Principal Place of Business:**

118 WEST CODA CIRCLE  
DELRAY BEACH, FL 33444 US

**Current Mailing Address:**

987 CRESTVIEW CIRCLE  
WESTON, FL 33327 US

**New Mailing Address:**

118 WEST CODA CIRCLE  
DELRAY BEACH, FL 33444 US

**FEI Number:** 27-2029913

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SEAMAN, HAROLD E MR.  
987 CRESTVIEW CIRCLE  
WESTON, FL 33327 US

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

SEAMAN, HAROLD E MR.  
118 WEST CODA CIRCLE  
DELRAY BEACH, FL 33444 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:** HAROLD E SEAMAN

04/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** SEAMAN, HAROLD E MR.  
**Address:** 118 WEST CODA CIRCLE  
**City-St-Zip:** DELRAY BEACH, FL 33444 US

I hereby 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 all other like empowered.

**SIGNATURE:** HAROLD E SEAMAN

PRES

04/20/2011

Electronic Signature of Signing Officer or Director

Date