

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000094456

**FILED**  
**Mar 26, 2011**  
**Secretary of State**

**Entity Name:** HSA COMMUNICATIONS CONSULTING, INC

**Current Principal Place of Business:**

709 CAPE CORAL PKWY WEST  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

709 CAPE CORAL PKWY WEST  
CAPE CORAL, FL 33914

**New Mailing Address:**

**FEI Number:** 27-3819483

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SWAN, LAWRENCE  
14132 CREEK COURT  
FORT MYERS, FL 33908 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MASSEY, CHARLES M  
Address: 709 CAPE CORAL PKWY WEST  
City-St-Zip: CAPE CORAL, FL 33914

Title: DST  
Name: MASSEY, CHARLES M  
Address: 6155 HIGHWOODS CT  
City-St-Zip: FORT WORTH, TX 76112

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: C.M. MASSEY

DP

03/26/2011

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

\_\_\_\_\_  
Date