


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000096754 1. Entity Name HSC ENTERPRISES, INC.	
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Principal Place of Business 2447 EXECUTIVE PLAZA RD SUITE 3 PENSACOLA, FL 32504	Mailing Address 2447 EXECUTIVE PLAZA RD SUITE 3 PENSACOLA, FL 32504
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02232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2910787	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HUSTON, GARY W 3 W GARDEN ST 600 BLOUNT BLDG PENSACOLA, FL 32501	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000088454 03/15/04-80052-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	V CRAWFORD, FREDERICK H 2447 EXECUTIVE PLAZA RD., SUITE 3 PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY ST ZIP	P CRAWFORD, SYLVIA W 2447 EXECUTIVE PLAZA RD., SUITE 3 PENSACOLA, FL 32504
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Sylvia Crawford* **SYLVIA CRAWFORD 2-24-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

850-479-6065