


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 08:00 A
Secretary of State

DOCUMENT # P95000096754	
1. Entity Name HSC ENTERPRISES, INC.	

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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DO NOT WRITE IN THIS SPACE



05112006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2910787	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HUSTON, GARY W 3 W GARDEN ST 600 BLOUNT BLDG PENSACOLA, FL 32501

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IN THIS SPACE**

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 _____ <small>Signature of the registered agent or the officer or director of the corporation, if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 of Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: <i>Sylvia Crawford</i>	SYLVIA CRAWFORD 5/12/06 479-6065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #