2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DI

May 03, 2004 08:00 AM Secretary of State **DOCUMENT # P98000050216** 1. Entity Name HCLS ENTERPRISES, INC. Mailing Address Principal Place of Business 2242 GEORGE WYTHE RD. 2242 GEORGE WYTHE RD. ORANGE PARK, FL 32073 ORANGE PARK, FL 32073 No Chg-P CR2E034 (10/03) 04162004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3516177 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CUNNINGHAM, GERALD H DO NOT WRITE 2242 GEORGE WYTHE RD. ORANGE PARK, FL 32073 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 Signature, typed or printed name of registered egent and title if applicable (NOTE, Registered Agent eignature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 13 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10, OFFICERS AND DIRECTORS TITLE NAME CUNNINGHAM, GERALD H 2242 GEORGE WYTHE RD. STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32073 me U00000147173 05/03/04-80095-021 **15**0.**00 CUNNINGHAM, JOYCE** NAME 2242 GEORGE WYTHE RD STREET ADDRESS CITY - ST - ZIP ORANGE PK, FL 32073 TILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE HILE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIE 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I turther 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 attachpright with an address with all other like impowered.

FILED