

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 12, 2004 8:00 am**  
**Secretary of State**

08-12-2004 90002 029 \*\*\*550.00

**DOCUMENT # P98000088584**

1. Entity Name  
HCCI, INC.



Principal Place of Business  
C/O LEWIS B. FREEMAN, ESQ.  
2601 S BAYSHORE DRIVE, 19TH FLOOR  
COCONUT GROVE, FL 33133

Mailing Address  
C/O LEWIS B. FREEMAN, ESQ.  
2601 S BAYSHORE DRIVE, 19TH FLOOR  
COCONUT GROVE, FL 33133

54067972



2. Principal Place of Business  
2675 S. Bayshore Dr.  
Suite, Apt. #, etc.

3. Mailing Address  
2675 S. Bayshore Dr.  
Suite, Apt. #, etc.

01072004 Chg-P CR2E034 (10/03)

City & State  
Miami, FL

City & State  
Miami, FL

4. FEI Number  
65-0878345

Applied For  
Not Applicable

Zip Country  
33133 USA

Zip Country  
33133 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
DOOLEY, ROBERT F  
10036 191ST ROAD  
LIVE OAK, FL 32060

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOOLEY, MARIE E			NAME			
STREET ADDRESS	3181 KANTER LANE			STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE, FL 34746			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOOLEY, ROBERT F			NAME			
STREET ADDRESS	3181 CANTER LANE			STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE, FL 34746			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied 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 supplement is 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 registered agent; that I am authorized 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 all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #