


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000095827
 1. Entity Name
 H.F.S. VIRGINIA, INC.



Principal Place of Business
 6204A GRAVEL AVE
 ALEXANDRIA, VA 22310

Mailing Address
 500 FAIRWAY DRIVE
 101
 DEERFIELD BEACH, FL 33441



DO NOT WRITE IN THIS SPACE

04142005 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0874851 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CHAMBERLAND, MARC J
 500 FAIRWAY DRIVE
 SUITE 204 101
 DEERFIELD BEACH, FL 33441

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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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	CHAMBERLAND, MARC J
STREET ADDRESS	500 FAIRWAY DR., SUITE 101
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	VP
NAME	HERRLE, KENNETH
STREET ADDRESS	500 FAIRWAY DR. SUITE 101
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	VP
NAME	ROCK, PAMELA
STREET ADDRESS	6204A GRAVEL AVE
CITY-ST-ZIP	ALEXANDRIA, VA 22310
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000321550
 04/21/05-80082-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: [Signature] Date: 4/19/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #