


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90305 013 ***150.00

DOCUMENT # P98000095863

1. Entity Name
H.F.S. TAMPA, INC.



Principal Place of Business 9216 PALM RIVER RD STE 204 TAMPA, FL 33619	Mailing Address 500 FAIRWAY DR 204 101 DEERFIELD BEACH, FL 33441
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94049488



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0874845	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

**CHAMBERLAND, MARC J
 500 FAIRWAY DR
 SUITE # ~~204~~ 101
 DEERFIELD BEACH, FL 33441**

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CHAMBERLAND, MARC J 500 FAIRWAY DR. SUITE 101 DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERRLE, KENNETH 500 FAIRWAY DR., SUITE 101 DEERFIELD BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GLAZER, HERMAN 9216 PALM RIVER RD STE 204 TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MOLNAR, PAUL 9216 PALM RIVER RD STE 204 TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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: *Marc Chamberland* **MARC CHAMBERLAND** **AS PRESIDENT**

Date: **3/27/04** Daytime Phone #: **(954) 5961930**