

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000090910

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: HLG SERVICES, INC.

## Current Principal Place of Business:

613 SW BRANFORD RD  
PORT SAINT LUCIE, FL 34983

## New Principal Place of Business:

210 SE CAMINO STREET  
PORT SAINT LUCIE, FL 34952

## Current Mailing Address:

613 SW BRANFORD RD  
PORT SAINT LUCIE, FL 34983

## New Mailing Address:

210SE CAMINO STREET  
PORT SAINT LUCIE, FL 34952

FEI Number: 65-0958692

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GOOGE, HOWARD E  
401 E OSCEOLA ST, SUITE 102  
STUART, FL 34994

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GOERINGER, LILLIAN  
Address: 613 SW BRANFORD RD  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D ( ) Delete  
Name: GOERINGER, HARRY  
Address: 613 SW BRANFORD RD.  
City-St-Zip: PORT SAINT LUCIE, FL 34983

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: GOERINGER, LILLIAN  
Address: 210 SE CAMINO STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D (X) Change ( ) Addition  
Name: GOERINGER, HARRY  
Address: 210 SE CAMINO STREEET  
City-St-Zip: PORT SAINT LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILLIAN GOERINGER

VP

04/27/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date