## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 07, 2004 8:00 am Secretary of State **DOCUMENT # S36648** 04-07-2004 90322 001 \*\*\*150.00 HSA CONSULTING GROUP, INC. 04-07-2004 90322 002 \*\*\*\*\*8.75 Principal Place of Business Mailing Address 1315 COUNTRY CLUB RD 1315 COUNTRY CLUB RD 66410271 GULF BREEZE, FL 32563 US GULF BREEZE, FL 32563 UŞ Mailing Address 2. Principal Place of Business 699 ·D. Suite, Apt. #, etc. Suite, Apt. #, etc. 04062004 CR2E034 (10/03) Cha-P City & State Applied For City & State 4. FEI Number arama 59-3057180 Not Applicable Zip Country \$8.75 Additional ZADZ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, GAY HAMILTON Street Address (P.O. Box Number is Not Acceptable) 1315 COUNTRY CLUB RD GULF BREEZE, FL 32561 Cincinnat Panama 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 agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. **PSTD** ☐ Addition TITLE ☐ Delete TILE Change SMITH, GAY HAMILITON NAME NAME: 315 Cincinnati Ave. Panama City, R 32401 4404 MADURA EIGHT STREET ADDRESS STREET ADDRESS GULF BREEZE, FL 32563 CITY-ST-7IP CITY-ST-ZIP Delete Change TITLE Addition TITLE BEDELL, THOMAS R NAME STREET ADDRESS 2623 EDMUND DR STREET ADDRESS CITY-ST-ZIP GULF BREEZE, FL 32563 CITY-ST-ZIP ☐ Delete TITLE TILE ☐ Change ☐ Addition RUEBEN, RONALD E II NAME NAME STREET ADDRESS 1633 WOODLAWN BEACH ROAD STREET ADDRESS CITY-ST-ZIP GULF BREEZE, FL 32561 CITY-ST-ZIP TIR E ☐ Delete TITLE ☐ Change ■ Addition MATTHEWS, NORMAN D. NAME NAME STREET ADDRESS 9370 CHELMESFORD COURT STREET ADDRESS NAVARRE FL 32566 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MATTHEWS, JOHN NAME NAME 3915 BRISTOL HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **QUINCY, FL 32351** CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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:

FILED