2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005
Secretary of State

DOCUMENT# S36648

Entity Name: HSA CONSULTING GROUP, INC.

Current Principal Place of Business:

1315 COUNTRY CLUB RD
GULF BREEZE, FL 32563 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 699
PANAMA CITY, FL 32402 US

New Mailing Address:

FEI Number: 59-3057180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SMITH, GAY HAMILTON
1315 CINCINNATI AVE
PANAMA CITY, FL 32401 US

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:	PSTD	( ) Delete
Name:	SMITH, GAY HAMILITON	
Address:	1315 CINCINNATI AVE	
City-St-Zip:	PANAMA CITY, FL 32401	
Title:	V	( ) Delete
Name:	BEDELL, THOMAS R	
Address:	2623 EDMUND DR	
City-St-Zip:	GULF BREEZE, FL 32563	
Title:	V	( ) Delete
Name:	RUEBEN, RONALD E II	
Address:	1633 WOODLAWN BEACH ROAD	
City-St-Zip:	GULF BREEZE, FL 32561	
Title:	EVD	( ) Delete
Name:	MATTHEWS, NORMAN D.	
Address:	9370 CHELMESFORD COURT	
City-St-Zip:	NAVARRE, FL 32566	
Title:	V	( ) Delete
Name:	MATTHEWS, JOHN	
Address:	3915 BRISTOL HWY	
City-St-Zip:	QUINCY, FL 32351	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: GAY H. SMITH PSTD 02/15/2005

Electronic Signature of Signing Officer or Director Date