

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S36648

FILED
Jan 15, 2009
Secretary of State

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 HAMILTON
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 exemption stated in Chapter 119, 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

Electronic Signature of Signing Officer or Director

PRES

01/15/2009

_____ Date