


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 25, 2006 08:00 AM
Secretary of State

| | | | | | |
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| DOCUMENT # S38564 1. Entity Name HM SERVICE SYSTEMS, INC. | | | |  | |
| Principal Place of Business P. O. BOX 4065 APOPKA FL 32704-4065 | | | Mailing Address P. O. BOX 4065 APOPKA FL 32704-4065 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 59-3057720 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent MCCARTY, HAROLD 2 EAST KELLY PARK ROAD APOPKA FL 32712 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when revesting) | | | | | |
| DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MCCARTY, HAROLD 2 EAST KELLY PARK ROAD APOPKA FL | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MCCARTY, CAROLYN 2 EAST KELLY PARK ROAD APOPKA FL | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MCCARTY HUBBS, JAMIE 32627 WINDY OAK ST SORRENTO FL 32776 | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | | | <input type="checkbox"/> Delete | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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. | | | | U000000532939 05/06/06-80104-008 150.00 | |
| SIGNATURE: <u>Carolyn McCarty</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date 4-22-06 Daytime Phone # 407-886-6797 | |