

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # S76209

1. Entity Name
HMS SEMINOLE, INC.



Principal Place of Business

**100 BLUFFVIEW DR.
#403A
BELLEAIR BLUFFS, FL 33770 US**

Mailing Address

**100 BLUFFVIEW DR.
#403A
BELLEAIR BLUFFS, FL 33770 US**



03282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3080230

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WISE, HAL J.
100 BLUFF VIEW DR #403A
BELLEAIR BLUFFS, FL 33770**

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
P
NAME
WISE, HAL J.
STREET ADDRESS
100 BLUFF VIEW DR #403A
CITY-ST-ZIP
BELLEAIR BLUFFS, FL 33770

TITLE
VP
NAME
WISE, MICHAEL M.
STREET ADDRESS
1624 BRAVO DRIVE
CITY-ST-ZIP
CLEARWATER, FL 33764

TITLE
ST
NAME
WISE, STEVEN C.
STREET ADDRESS
3325 EDGECLIFFE DR
CITY-ST-ZIP
ORLANDO, FL 32806

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000485210
04/12/06-90073-014 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Hal J. Wise Pres. HAL J. WISE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/06 727 588 2350
Date Daytime Phone #