

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000150616

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Entity Name:** HD AGENT SERVICES CORPORATION

**Current Principal Place of Business:**

5804 E-BRECKENRIDGE PARKWAY  
TAMPA, FL 33610 US

**New Principal Place of Business:**

5804 BRECKENRIDGE PARKWAY  
SUITE E  
TAMPA, FL 33610 US

**Current Mailing Address:**

5804 E-BRECKENRIDGE PARKWAY  
TAMPA, FL 33610 US

**New Mailing Address:**

5804 BRECKENRIDGE PARKWAY  
SUITE E  
TAMPA, FL 33610 US

**FEI Number:** 20-5985121

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

F & L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 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: PTSD ( ) Delete  
Name: ZURAWSKI, MICHAEL T  
Address: 5804 E-BRECKENRIDGE PARKWAY  
City-St-Zip: TAMPA, FL 33610 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTSD (X) Change ( ) Addition  
Name: ZURAWSKI, MICHAEL T  
Address: 5804 BRECKENRIDGE PKWY, STE. E  
City-St-Zip: TAMPA, FL 33610 US

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: MICHAEL T. ZURAWSKI

PTSD

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date