

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000044633

Entity Name: H.F.S. OF AMERICA, INC.

FILED
Aug 28, 2009
Secretary of State

Current Principal Place of Business:

413 RIVER ROAD
HUDSON, MA 01749

New Principal Place of Business:

Current Mailing Address:

413 RIVER ROAD
HUDSON, MA 01749

New Mailing Address:

FEI Number: 65-1004461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRISCOLL, JOHN P
3409 SOUTH EAST 30TH PLACE
CAPE CORAL, FL 33904 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DRISCOLL, SHAWN P
Address: 223 EDGEWATER DR
City-St-Zip: FRAMINGTON, MA 017101

Title: C () Delete
Name: DEARBORN, BRUCE
Address: 54 MOUNT PLEASANT ST
City-St-Zip: MILFORD, MA 01757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SHAWN P. DRISCOLL

PRES

08/28/2009

Electronic Signature of Signing Officer or Director

_____ Date