


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90058 009 ***150.00

DOCUMENT # 844536
 1. Entity Name
HCF REALTY, INC.



Principal Place of Business: **100 MAPLE PARK BLVD., STE. 106 ST. CLAIR SHORES, MI 48081**
 Mailing Address: **2001 KIRBY DR STE 1210 HOUSTON, TX 77019**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: City & State
 Zip: Country



02162005 Chg-P CR2E034 (10/03)

4. FEI Number: **95-1455045** Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324**
 7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (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 reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PTD NAME: FRUEHAUF, HARVEY C., JR. STREET ADDRESS: 7430 2ND AVE, ALBERT KAHN BLDG., 9TH FL CITY-ST-ZIP: DETROIT, MI 48202	<input type="checkbox"/> Delete	TITLE: D NAME: PRAST, ALBERT A. STREET ADDRESS: 400 LAKEWOOD DRIVE WINTER PARK, FL 32789 CITY-ST-ZIP: WINTER PARK, FL 32789	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: PRAST, ALBERT STREET ADDRESS: 400 LAKEWOOD DR. CITY-ST-ZIP: WINTER PARK, FL 32789	<input type="checkbox"/> Delete	TITLE: VAS NAME: COLSON, JOHN P. STREET ADDRESS: 2001 KIRBY DRIVE, STE 1210 CITY-ST-ZIP: HOUSTON, TX 77019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: AS NAME: KAYE, SHELLEY W STREET ADDRESS: 100 MAPLE PARK BLVD #106 CITY-ST-ZIP: ST. CLAIR SHORES, MI	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AS NAME: PREJEAN, SUE J STREET ADDRESS: 2001 KIRBY DR, STE 1210 CITY-ST-ZIP: HOUSTON, TX 77019	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: BRISTOL, DAVID A. JR. STREET ADDRESS: 100 MAPLE PARK BLVD, SUITE 106 CITY-ST-ZIP: ST CLAIR SHORES, MI	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: RAINEY, BARTLEY J STREET ADDRESS: 2001 KIRBY DRIVE, SUITE 1210 CITY-ST-ZIP: HOUSTON, TX 77019	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Charles R. Erickson **CHARLES R. ERICKSON** Date: 2/16/05 Daytime Phone #: 713-630-9635