


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000109176
 1. Entity Name
 HCP, INC.



Principal Place of Business 712 US HIGHWAY ONE SUITE 400 NORTH PALM BEACH, FL 33408	Mailing Address 712 US HIGHWAY ONE SUITE 400 NORTH PALM BEACH, FL 33408
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01222004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0804795	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 COHEN, FRED C
 712 US HIGHWAY ONE
 SUITE 400
 NORTH PALM BEACH, FL 33408

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUGHES, MEL L 1755 GRAHAM AVE ST 102 HENDERSON, NC 27536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVPD CROWN, BARRY S 414 # ORLEANS, #301 CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD CROWN, BEVERLY J 414 NO ORLEANS, #301 CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD CROWN, LAURIE J 414 NO ORLEANS, #301 CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD CROWN, DONNA L 414 NO ORLEANS #301 CHICAGO, FL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD CROWN, BRUCE A 414 NO ORLEANS #301 CHICAGO, IL 60610

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 02/10/04-80066-021 150.00

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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: Bey S... **1/30/04** **(312)226-6400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #