

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 646761		
1. Entity Name HRB BUSINESSES OF FLORIDA, INC.		

Principal Place of Business 2459 HWY 1 SOUTH ST. AUGUSTINE, FL 32086	Mailing Address PO BOX 2190 STUART, FL 34995 US
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DO NOT WRITE IN THIS SPACE



02022006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1940939	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KREITZ, PAMELA
C/O H & R BLOCK
738 S. FEDERAL HWY
STUART, FL 34994

**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 _____ 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, 2006 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 MANROSE, PATRICK D 18475 NW 4TH TERRACE CITRA, FL 32113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MANROSE, CAROLE C 18475 NW 4TH TERRACE CITRA, FL 32113
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02/23/06-80095-002 150.00

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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: Patrick Manrose, Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-2006 606 523-1040
Date Daytime Phone #