

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 A**  
**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**



03182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution. **\$5:00** May Be Added to Fees

U00000874541  
 04/10/08-80126-001 150.00

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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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: *Carole Manrose*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/2008 606-523-1040  
 Date Daytime Phone #