
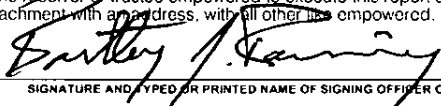


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90071 008 ***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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc. Ste 1200		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 95-1455045	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 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, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRUEHAUF, HARVEY C., JR.		NAME		
STREET ADDRESS	100 MAPLE PK #106		STREET ADDRESS		
CITY-ST-ZIP	SAINT CLAIR SHORES, MI 48081		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KIRILA, VIRGINIA		NAME		
STREET ADDRESS	2001 KIRBY DR STE 1200		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77019		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PRAST, ALBERT A		NAME		
STREET ADDRESS	400 LAKEWOODDR		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP		
TITLE	VAS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLSON, JOHN P		NAME		
STREET ADDRESS	2001 KIRBY DR, STE 1210 1200		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77019		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRISTOL, DAVID A. JR.		NAME		
STREET ADDRESS	2001 KIRBY DR STE 1200		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77019		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAINEY, BARTLEY J		NAME		
STREET ADDRESS	2001 KIRBY DR STE 1200		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77019		CITY-ST-ZIP		
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 fees empowered.					
SIGNATURE: 			3/14/08 713-630-9628		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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03142008 Chg-P CR2E034 (12/06)

4. FEI Number 95-1455045 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

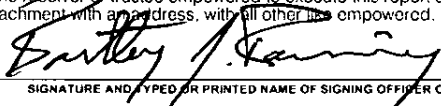
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Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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SIGNATURE:  3/14/08 713-630-9628
Date Daytime Phone #