

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000000600

1. Entity Name
HCR, INC.



Principal Place of Business

**C/O CALER, DONTEN, LEVINE, DRUKER, ET AL
505 S. FLAGLER DRIVE, STE. 900
WEST PALM BEACH, FL 33401**

Mailing Address

**C/O CALER, DONTEN, LEVINE, DRUKER, ET AL
505 S. FLAGLER DRIVE, STE. 900
WEST PALM BEACH, FL 33401**



07132004 No Chg-P CR2E034 (10/03)

4. FEI Number
58-1444609

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DRUKER, SCOTT
CALER, DONTEN, LEVINE, DRUKER, ET AL
505 S. FLAGLER DRIVE, STE. 900
WEST PALM BEACH, FL 33401**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

U00000163159
08/02/04 00012 004 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP HANLEY, W. L. JR 250 JUNGLE ROAD PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLADE, J.J. 535 MADISON AV., STE. 7, 35TH FL NEW YORK, NY 100224212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CARDUCCI, F.N. C/O 535 MADISON AVE., STE. 7, 35TH FL NEW YORK, NY 100224212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOFFMAN, A.A. 250 JUNGLE ROAD PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

W L Hanley Jr *W L Hanley Jr* *7/20/04* *561 835-4996*