

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 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



01172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
58-1444609

Applied For  
Not Applicable

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

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

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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 reinstalling)

DATE

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

UN00000418012  
02/13/06-80079-016 150.00

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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 line empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 1/30/06 X

Date

Daytime Phone #