2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # F03000000600

1. Entity Name
HCR, INC.

Principal Place of Business	Mailing Address
C/O CALER, DONTEN, LEVINE, DRUKER, ET AL 505 S. FLAGLER DRIVE, STE. 900 WEST PALM BEACH, FL 33401	C/O CALER, DONTEN, LEVINE, DRUKER, ET AL 505 S. FLAGLER DRIVE, STE. 900 WEST PALM BEACH, FL 33401

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01102008 No Chg-P CR2E034 (11/05)

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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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) 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

000000786273
01/17/08-80034-003 150.00

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	

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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: _____ 1/11/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #