

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90028 050 ***150.00

DOCUMENT # F60730

1. Entity Name
HRM PROVISION CO., INC.



Principal Place of Business
3200 S CONGRESS AVE
STE 201
BOYNTON BEACH, FL 33426 US

Mailing Address
3200 S CONGRESS AVE
STE 201
BOYNTON BEACH, FL 33426 US

2. Principal Place of Business
1445 N. Congress Ave

3. Mailing Address
1445 N. Congress Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

13

13

City & State

City & State

Delray Beach FL

Delray Beach, FL

Zip
33445

Country

USA

Zip
33445

Country

USA

01162006 Chg-P CR2E034 (11/05)

4. FEI Number
59-2155251

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DILLON, TIM L
3200 S. CONGRESS AVE
STE 201
BOYNTON BEACH, FL 33426

Name

Street Address (P.O. Box Number is Not Acceptable)

1445 N. Congress Ave Ste 13

City

Delray Beach

FL

Zip Code

33445

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

1-17-06

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P DILLON, TIMOTHY 3200 SOUTH CONGRESS AVENUE BOYNTON BEACH, FL 33426	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.