

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90176 010 ***150.00

DOCUMENT #J31260

1. Entity Name

H-R MANAGEMENT SERVICES, INC.



Principal Place of Business

% WALTER GARY HARVEY JR.
725 NORTH LAKE BOULEVARD #89
ALTAMONTE SPRINGS FL 32701

Mailing Address

% WALTER GARY HARVEY JR.
725 NORTH LAKE BOULEVARD #89
ALTAMONTE SPRINGS FL 32701



2. Principal Place of Business

725 NORTH LAKE BLVD

3. Mailing Address

SAME AS

Suite, Apt. #, etc.

#89

Suite, Apt. #, etc.

BUSINESS

1st MOORE

CR2E034 (10/05)

City & State

ALT. SPGS, FL

City & State

ADDRESS

4. FEI Number

59-2720981

Applied For

Not Applicable

Zip

32701

Country

SEMINOLE

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARVEY, WALTER GARY JR.
725 NORTH LAKE BOULEVARD #89
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

Name

WALTER GARY HARVEY JR.
725 NORTH LAKE BLVD #89

City

ALTAMONTE

FL

Zip Code

32701

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME HARVEY, WALTER GARY JR.
STREET ADDRESS 725 NORTH LAKE BLVD #89
CITY-ST-ZIP ALTAMONTE SPGS FL

TITLE SD ☐ Delete
NAME HARVEY, WM GARY
STREET ADDRESS 725 N.LAKE BLVD., #89
CITY-ST-ZIP ALTAMONTE SPGS. FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: WALTER GARY HARVEY JR

Walter Gary Harvey Jr

04-18-2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #