


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2007 08:00 A**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # J31260</b>                               |  |
| 1. Entity Name<br><b>H-R MANAGEMENT SERVICES, INC.</b> |   |

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| Principal Place of Business<br><b>725 NORTH LAKE BLVD<br/>SUITE #89<br/>ALTAMONTE SPRINGS FL 32701</b> | Mailing Address<br><b>725 NORTH LAKE BLVD<br/>SUITE #89<br/>ALTAMONTE SPRINGS FL 32701</b> |
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|--|-----------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br><b>725 NORTH LAKE BLVD #89</b> | 3. Mailing Address<br><b>SAME</b> |
| Suite, Apt. #, etc.<br><b>#89</b>  | Suite, Apt. #, etc.               |

1st MOORE CR2E034 (10/06)

|  |                            |
|--|----------------------------|
| City & State<br><b>ALTA SPGS. FL 32701</b> | City & State               |
| Zip<br><b>32701</b>                        | Country<br><b>SEM NOLE</b> |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-2720981</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent<br><br><b>HARVEY, WALTER GARY JR.<br/>725 NORTH LAKE BOULEVARD #89<br/>ALTAMONTE SPRINGS FL 32701</b> |
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|---|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |
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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.<br><br>SIGNATURE <i>Walter Gary Harvey Jr</i><br>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) | DATE<br><b>03-01-07</b> |
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

|   |                                    |
|---|------------------------------------|
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|---|------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTD<br>HARVEY, WALTER GARY JR.<br>725 NORTH LAKE BLVD #89<br>ALTAMONTE SPGS FL <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>HARVEY, WM GARY<br>725 N.LAKE BLVD., #89<br>ALTAMONTE SPGS. FL <input type="checkbox"/> Delete           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br><b>000000653508<br/>03/13/07-80025-003 150.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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.

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|---|-------------------------|----------------------------------|
| SIGNATURE: <i>Walter Gary Harvey Jr</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | DATE<br><b>03-01-07</b> | DAYTIME PHONE<br><b>331-4993</b> |
|---|-------------------------|----------------------------------|