

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90027 006 ***150.00

DOCUMENT # J31260

1. Entity Name

H-R MANAGEMENT SERVICES, INC.



Principal Place of Business

725 NORTH LAKE BLVD
SUITE #89
ALTAMONTE SPRINGS FL 32701

Mailing Address

725 NORTH LAKE BLVD
SUITE #89
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business - No P.O. Box #

725 NORTH LAKE BLVD #89
ALTAMONTE SPRINGS FL 32701
Suite, Apt., etc.
89

3. Mailing Address

SAME
Suite, Apt., etc.

City & State

ALTAMONTE SPRINGS, FL

City & State

ALTAMONTE SPRINGS, FL

Zip

32701

Country

SEMINOLE

Zip

32701

Country

SEMINOLE

4. FEI Number

59-2720981

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)



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

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

City

FL

Zip Code

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 re-appointing)

DATE

FILE NOW!!! - FEE IS \$150.00

After May 1, 2008 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	<input type="checkbox"/> Delete
NAME	HARVEY, WALTER GARY JR.	
STREET ADDRESS	725 NORTH LAKE BLVD #89	
CITY-ST-ZIP	ALTAMONTE SPGS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARVEY, WM GARY	
STREET ADDRESS	725 N.LAKE BLVD., #89	
CITY-ST-ZIP	ALTAMONTE SPGS. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-02-2008

407
331-4993

Date

Daytime Phone #