

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT #J51209**

1. Entity Name  
H.R.S. HOTELS CORPORATION



**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business  
4150 KINGS STREET  
COCOA FLORIDA, FL 32926

Mailing Address  
4150 KINGS STREET  
COCOA FLORIDA, FL 32926



**DO NOT WRITE IN THIS SPACE**

04272004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2751622

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CHHABRA, KRISHAN CHAND  
4150 W KING STREET  
COCOA, FL 32926

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
CHHABRA, KRISHAN CHAND  
4150 W KING ST  
COCOA, FL 32926

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ANJALI, CHHABRA  
4150 KING STREET  
COCOA, FL 32926

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000141187  
04/29/04-80191-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHHABRA KRISHAN CHAND 4/26/04 321-632-5721

Date

Daytime Phone #