

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 27, 2004 8:00 am**  
**Secretary of State**

08-27-2004 90103 012 \*\*\*\*50.00

**DOCUMENT # L02000027888**

1. Entity Name

H & R ENTERPRISES, LLC



Principal Place of Business

1705 IMPERIAL PALM DR.  
APOPKA FL 32712

Mailing Address

1705 IMPERIAL PALM DR.  
APOPKA FL 32712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3684110

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PASKIET, SHERRIE  
40 S. DEWEY ST. STE. 1  
EUSTIS FL 32726

Name **ZWART, HARM**

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

**1705 IMPERIAL PALM DRIVE**

City **APOPKA**

FL

Zip Code **32712**

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, and date

(NOTE: Registered Agent signature required when reinstating)

**07/26/04**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☒ Delete  
NAME **ALICE SCHEPERS, HENRIETTE**  
STREET ADDRESS **1705 IMPERIAL PALM DRIVE**  
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **P** ☐ Change ☒ Addition  
NAME **SCHEPERS, HENRIETTE A.**  
STREET ADDRESS **1705 IMPERIAL PALM DRIVE**  
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **VP** ☐ Delete  
NAME **ZWART, HARM**  
STREET ADDRESS **1705 IMPERIAL PALM DRIVE**  
CITY-ST-ZIP **APOPKA FL 32712**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**H. HUNT**

**07/26/04 (407) 884-9241**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #