## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 07, 2004 08:00 AM DOCUMENT # L20249 **Secretary of State** 1. Entity Name HR COMMERCIAL GROUP, INC. Principal Place of Business Mailing Address 100 RIALTO PLACE 100 RIALTO PLACE **SUITE 712** SUITE 712 MELBOURNE, FL 32901 MELBOURNE, FL 32901 01052664 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2972228 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent STITT, LINDA DO NOT WRITE 9 HEMLOCK TERR, TRACK OCALA, FL 34477 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. Sygnature, typed or primed name of registered agent and this 4 applicable. (NCTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 16. TUTE HINCKLEY, ROBERT M. 100 RIALTO PLACE, SUITE 712 STREET ADDRESS CRTY-ST-ZP MELBOURNE, FL 32901 U000000000050 TITLE (11/07/04-80004-007 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE MANAF STREET ADDRESS DO NOT WRITE CTY-ST-ZI2 TITLE IN THIS SPACE MAME STREET ABORESS CITY-ST-ZIP BBLE

12. I hereby Certify that the information supplied with this filling 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 plays like oppowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP साह

STREET ADDRESS QTY-57-29

PRESIDENT