

2005 AR


FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # M42743

1. Entity Name
H.R.H., INC.

NEW ADDRESS (MAILING)



FILED

05 FEB -3 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address
Alan J. Hershberger
401 FIORD WAY
NEW PORT RICHEY, FL 34652 US
Post Office Box 445
New Port Richey, FL 34656-0445



2. Principal Place of Business
8301 US HWY #19
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 445
Suite, Apt. #, etc.

12092004 Chg-P CR2E034 (10/03) **MRD**

City & State
PORT RICHEY, FL.

City & State
NEW PORT RICHEY, FL

Zip
34668

Country
U.S.

Zip
34656

Country
U.S.

4. FEI Number
59-2743523

Applied For
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
GONZALES, LARRY J.
6645 RIDGE RD
PORT RICHEY, FL 34668

7. Name and Address of New Registered Agent
Name: **SAME AGENT**
Address (P.O. Box Number is Not Acceptable): **BUSINESS**
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HERSHBERGER, ALAN J 6401 FIORD WAY NEW PORT RICHEY, FL 34652-2046 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (PRES)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RICE, WILLIAM E. 6401 FIORD WAY NEW PORT RICHEY, FL 34652-2046 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Alan J. Hershberger Post Office Box 445 New Port Richey, FL 34656-0445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3000426305002 01/12/05--01045--003 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3000446303002 02/16/05--01007--001 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300044630373 02/16/05--01007--002 **18.75

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: Alan J. Hershberger (Pres) ALAN J. HERSHBERGER 1-4-05
Date: _____ Daytime Phone #: 727-376-6991