

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

06-14-2004 90002026\*\*\*158.75

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**FILED**

04 JUL -7 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
J4057275



**DOCUMENT # P00000108760**

1. Entity Name

HLN PUBLISHING CORP.

Principal Place of Business

8004 LAGOS DE CAMPO BLVD  
TAMARAC FL 33321  
US

Mailing Address

P O BOX 26533  
TAMARAC FL 33320  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E034 (11/03)

4. FEI Number

65-1064373

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, IRWIN  
8004 LAGO DE CAMPO  
#204 C  
TAMARAC FL 33321

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 fee 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**

**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 NAME STREET ADDRESS CITY-ST-ZIP	P HART, IRWIN B 8004 LAGOS DE CAMPO BLVD TAMPA FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

Date

Daytime Phone



Publishing

Publishers of the Home Locator Magazine

30fz

Florida Department of State  
Annual Reports Section  
Reference#POOOOO108760

To Whom It May Concern:

~~Please be advised that I received your Annual Report form about two days before filling it~~ —  
out and sending it in.

I was surprised to receive this notice returning the report and requesting an additional fee. I respectfully request that you waive the late fee since I did not receive the form in adequate time to allow me to send it in earlier. I have a small business and the amount of \$400.00 would represent a severe hardship. Please advise me of your decision.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Irwin Hart'. The signature is stylized with a large, sweeping 'I' and a cursive 'H'.

Irwin Hart