2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 05,
Secr

DOCUMENT # P01000047276

1. Entity Name
HRC ASSOCIATES, INC.

Principal Place of Business	Mailing Address
13902 N DALE MABRY HWY SUITE 151 TAMPA, FL 33618	13902 N DALE MABRY HWY SUITE 151 TAMPA, FL 33618

DO NOT WRITE IN THIS SPACE

01032005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3718230

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COHN, HOWARD R
10929 OLD BRIDGEPORT LN.
BOCA RATON, FL 33498

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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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	COHN, HOWARD R
STREET ADDRESS	10929 OLD BRIDGEPORT LN.
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	DS
NAME	COHN, MARSHA R
STREET ADDRESS	10929 OLD BRIDGEPORT LN.
CITY-ST-ZIP	BOCA RATON, FL 33498
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	

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01/06/05-80003-008 158.75

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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: Howard R. Cohn HOWARD R. COHN 1/3/05 800-218-7056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #