


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000066031	
1. Entity Name HRQ, INC.	

Principal Place of Business 12222 N HAZEN AVE THONOTOSASSA, FL 33592	Mailing Address POB 326 THONOTOSASSA, FL 33592
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01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3725163	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  ROSE, KEITH 10101 SKEWLEE RD THONOTOSASSA, FL 33592
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**DO NOT WRITE  
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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

U00000584524  
01/12/07-80040-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROSE, KEITH 10101 SKEWLEE RD THONOTOSASSA, FL 33592
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP QUILES, JAVIER 4446 FAYETTE DR LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HOLMAN, JOHN 36414 TERRIER CT. ZEPHYRHILLS, FL 33541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

1-8-07

888-982-5504