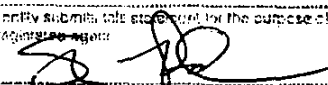


FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90088 035 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P01000091251					
1. Entity Name HRP ENTERPRISES, INC.					
Principal Place of Business 1810 LAKELAND HILLS BLVD LAKELAND, FL 33805			Mailing Address 1910 LAKELAND HILLS BLVD LAKELAND, FL 33805		
2. Principal Place of Business - No. 100, Box #			3. Mailing Address		
State, Apt. #, etc.			State, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 69-3747899				Approved For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PETERSEN, STEVE 1910 LAKELAND HILLS BLVD LAKELAND, FL 33805				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Applicable)				Street Address (P.O. Box Number is Not Applicable)	
City				City	
State				State	
Zip				Zip	
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, to the Secretary of State.					
SIGNATURE:  DATE: 3/2/07					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00					
9. Election Campaign Financing True Form Contribution ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP PETERSON, STEVEN 2307 GREEN HILLS DR. VALRICO, FL 33594			TITLE NAME STREET ADDRESS CITY-STATE-ZIP Petersen, Steven		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP RIMMER, RON 1011 WILDER RD. LAKELAND, FL 33809			TITLE NAME STREET ADDRESS CITY-STATE-ZIP [Change] [Addition]		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP HERRING, THOMAS 8111 TIMBERIDGE LOOP W. LAKELAND, FL 33809			TITLE NAME STREET ADDRESS CITY-STATE-ZIP [Change] [Addition]		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP [Change] [Addition]			TITLE NAME STREET ADDRESS CITY-STATE-ZIP [Change] [Addition]		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP [Change] [Addition]			TITLE NAME STREET ADDRESS CITY-STATE-ZIP [Change] [Addition]		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP [Change] [Addition]			TITLE NAME STREET ADDRESS CITY-STATE-ZIP [Change] [Addition]		
12. I hereby certify that the information supplied in this filing is true and correct for the information contained in Chapter 119, Florida Statutes. I further certify that the information furnished on this report is a true and correct statement of the facts and that the signatories shall have the same legal effect as if made under oath. This is an officer or director of the corporation or the owner of a limited liability company. To complete this report as required by Chapter 119, Florida Statutes, and the provisions contained in Block 10 or Block 11 if changed, or on an attachment with an address, with all changes to employees.					
SIGNATURE:  DATE: 3/2/07 863-688-6863					