03/02/2007 10:55 8633652245 AUBURNDAJI

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.

40033240

Principal Place of Business	Mailing Address
1910 LAKELAND HILLS BLVD LAKELAND, FL 33805	1910 LAKELAND HILLS BLVD LAKELAND, FL 33805

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

03022007 Chg-P CR2E034 (12/05)

4. FEI Number: 59-3747899 — Applied 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
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] 3/2/07
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, 2007 Fee will be $550.00

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, STEVEN 2307 GREEN HILLS DR. VALRICO, FL 33594	☐ Delete	Petersen, Steven	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIMMER, RON 1011 WILDER RD. LAKELAND, FL 33809	☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRING, THOMAS 8111 TIMBERIDGE LOOP W. LAKELAND, FL 33809	☒ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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] 3/2/07 863-688-6863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #