

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90008 003 ***150.00

DOCUMENT # P01000099474

1. Entity Name
HIDDEN LAKES - MRM, INC.



Principal Place of Business
13400 SUTTON PARK DR SOUTH, SUITE 1402
JACKSONVILLE, FL 32224

Mailing Address
13400 SUTTON PARK DR SOUTH, SUITE 1402
JACKSONVILLE, FL 32224

04092004



04092004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3755694

Applied For
Not Applied

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MONTGOMERY, MITCHELL R
13400 SUTTON PARK DR SOUTH, SUITE 1402
JACKSONVILLE, FL 32224

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, 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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MONTGOMERY, MITCHELL R**
STREET ADDRESS **13400 SUTTON PARK DR SOUTH, SUITE 1402**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE **VP** ☒ Delete
NAME **LEINWOHL, RONALD J**
STREET ADDRESS **13400 SUTTON PARK DR. SOUTH, #1402**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE **VP** ☐ Delete
NAME **HITE, PATSY A**
STREET ADDRESS **13400 SUTTON PARK DR. SOUTH, #1402**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Change ☒ Add
NAME **Rudolph, Maurice**
STREET ADDRESS **13400 Sutton Pk Dr S., #1402**
CITY-ST-ZIP **Jacksonville, FL 32224**

TITLE **VP** ☐ Change ☒ Add
NAME **Hughes, Nathaniel Cain**
STREET ADDRESS **13400 Sutton Pk Dr S., #1402**
CITY-ST-ZIP **Jacksonville, FL 32224**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patsy A. Hite*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-04

904-821-2171

Date

Daytime Phone #