

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90009 036 ***158.75

DOCUMENT # P02000040297

1. Entity Name
HOUSING FOR RURAL, INC.



Principal Place of Business
**741 S ATLANTIC AVE
COCOA BEACH, FL 32931**

Mailing Address
**741 S. ATLANTIC AVE.
COCOA BEACH, FL 32931**

94045813



2. Principal Place of Business
5505 N. Atlantic Ave
Suite, Apt. #, etc.
115

3. Mailing Address
5505 N Atlantic Ave
Suite, Apt. #, etc.
115

03292004 Chg-P CR2E034 (10/03)

City & State
Cocoa Beach, FL
Zip
32931 Country
USA

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Cocoa Beach, FL
Zip
32931 Country
USA

4. FEI Number
01-0672697 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCPHILLIPS, JACQUELINE
5505 N. ATLANTIC AVE.
#115
COCOA BEACH, FL 32931**

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 _____ (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/P	<input type="checkbox"/> Delete
NAME	MCPHILLIPS, JACQUELINE	
STREET ADDRESS	741 S ATLANTIC AVE	
CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE	D/V	<input type="checkbox"/> Delete
NAME	MCMULLEN, THOMAS JR	
STREET ADDRESS	2109 PALM AVE., #206	
CITY-ST-ZIP	TAMPA, FL 33605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	650 85th St. Ocean	
CITY-ST-ZIP	Marathon, FL 33050	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jacqueline M Phillips **Jacqueline M Phillips** 322/449-4090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #