

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90036 046 ***150.00

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1. Entity Name
HR CORPORATE SOLUTIONS, INC.



Principal Place of Business
205 CRYSTAL GROVE BLVD
LUTZ, FL 33548

Mailing Address
205 CRYSTAL GROVE BLVD
LUTZ, FL 33548

DO NOT WRITE IN THIS SPACE



01212007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0112079

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SAXE, DANIEL L
205 CRYSTAL GROVE BLVD
LUTZ, FL 33548

**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 _____

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

TITLE	DP
NAME	SAADY, CLAIRE
STREET ADDRESS	205 CRYSTAL GROVE BLVD
CITY-ST-ZIP	LUTZ, FL 33548
TITLE	V
NAME	SAXE, DANIEL L
STREET ADDRESS	205 CRYSTAL GROVE BLVD
CITY-ST-ZIP	LUTZ, FL 33548
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

Date

Daytime Phone #

DANIEL L. SAXE VP

1-22-07

813 905 8855