

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000125157**

1. Entity Name  
**HCD ENTERPRISES, INC.**



Principal Place of Business  
**16222 127TH DRIVE NORTH  
JUPITER, FL 33478 US**

Mailing Address  
**16222 127TH DRIVE NORTH  
JUPITER, FL 33478 US**



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**20-0356350** Applied For  
Not Applicable

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


**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**DESCALZO, HOPE C  
16222 127TH DRIVE NORTH  
JUPITER, FL 33478**

**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  (NOTE: Registered Agent signature required when reinstating)

DATE

**4/19/05**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**1101001321874  
04/21/05-80094-023 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
DESCALZO, HOPE C  
16222 127TH DRIVE NORTH  
JUPITER, FL 33478**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
DESCALZO, CARLOS  
16222 127TH DRIVE NORTH  
JUPITER, FL 33478**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(f), 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: 

**4/19/05**