

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000135780

FILED
Jan 21, 2008
Secretary of State

Entity Name: HOUSING RESOURCE OF RURAL FL, INC.

Current Principal Place of Business:

945 SE MAYO DRIVE
CRYSTAL RIVER, FL 34429

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 2917
CRYSTAL RIVER, FL 34423

New Mailing Address:

FEI Number: 05-0591590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, MAUREEN
945 SE MAYO DIRVE
CRYSTAL RIVER, FL 34429 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: WILSON, DAN
Address: 945 SE MAYO DRIVE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: P () Delete
Name: WILSON, MAUREEN
Address: POST OFFICE BOX 2917
City-St-Zip: CRYSTAL RIVER, FL 34423

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUREEN WILSON

P

01/21/2008

Electronic Signature of Signing Officer or Director

Date