

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000135780

FILED  
Apr 15, 2009  
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

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date