

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90023 041 ***150.00



DOCUMENT # P04000113707

1. Entity Name
HRONEK CONSULTING INCORPORATED

Principal Place of Business Mailing Address
3535 DAHLIA PLACE 3535 DAHLIA PLACE
SUITE B SUITE B
LARGO FL 33771 LARGO FL 33771
US US



2. Principal Place of Business 3. Mailing Address
1822 SE Oxnard Ct *1822 SE Oxnard Ct*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
N/A *NA*

1st MOORE CR2E034 (10/04)

City & State City & State
Port St. Lucie FL *FL*
 Zip Country Zip Country
34952 USA *34952 USA*

4. FEI Number Applied For
20-1473454 Not Applicable

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

6. Name and Address of Current Registered Agent
HRONEK, PAUL C
~~**3535 DAHLIA PL.**~~
~~**SUITE B**~~
~~**LARGO FL 33771**~~
See Above ↑

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
N/A
 City **FL** Zip Code

8. The above named entity certifies 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]* *See copy of envelope & date of receipt*
 Signature, typed or printed name of registered agent and title in application (NOTE: Registered Agent signature required when re-registering) DATE *7-22-05*

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

This form WAS Received at
Place of Bus. ON 7-19-05 we will PAY \$150.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HRONEK, PAUL C	
STREET ADDRESS	3535 DAHLIA PLACE - SUITE B	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HRONEK, DANA A	
STREET ADDRESS	3535 DAHLIA PLACE - SUITE B	
CITY-ST-ZIP	LARGO FL 33771	
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 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		
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.

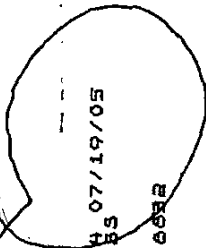
SIGNATURE: *[Signature]* **7-22-05**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

50058710
#P04000113707

FIRST-CLASS MAIL
U.S. POSTAGE PAID
Florida Secretary of State
Division of Corporations
#4321

*Received at
Place of Business
on 7/23/05*



HRON555X 337711265 1A04 44 07/19/05
NOTIFY SENDER OF NEW ADDRESS
:HRONEK CONSULTING
1422 SE OXMOOR CT
PORT SAINT LUCIE FL 34952-6682



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS
Corporate Records
Post Office Box 6377
Tallahassee, Florida 32314

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