

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000117129

1. Entity Name
HLP IV, INC.



Principal Place of Business
26212 MADRAS COURT
CHARLOTTE HARBOR, FL 33983

Mailing Address
26212 MADRAS COURT
CHARLOTTE HARBOR, FL 33983



04242008 No Chg-P CR2E034 (11/05)

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4. FEI Number
20-1614615
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEIDER, WILLIAM M
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

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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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000941419
05/20/08 00106 011 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
PALMER, PHILIP J
26212 MADRAS COURT
CHARLOTTE HARBOR, FL 33983

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVST
MORRIS, ROBERT A JR
26212 MADRAS COURT
CHARLOTTE HARBOR, FL 33983

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILIP PALMER 4/25/08 941-766-8315

Date

Daytime Phone #