

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000171317

Entity Name: HRSG MANAGEMENT GROUP, INC.

FILED  
Jan 19, 2008  
Secretary of State

**Current Principal Place of Business:**

310 10TH AVENUE EAST  
PALMETTO, FL 34221

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1054  
BOZEMAN, MT 59771

**New Mailing Address:**

FEI Number: 72-1590692

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LASH, ROBERT A  
500 EAST UNIVERSITY AVENUE  
SUITE A  
GAINESVILLE, FL 326022759 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: D ( ) Delete  
Name: SWANEKAMP, ROBERT C  
Address: 7750 SADDLE MOUNTAIN ROAD  
City-St-Zip: BOZEMAN, MT 59715

Title: D ( ) Delete  
Name: ANDERSON, ROBERT W  
Address: 310 10TH AVE, E  
City-St-Zip: PALMETTO, FL 34221

**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: ROBERT SWANEKAMP

D

01/19/2008

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

\_\_\_\_\_  
Date