

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000163645

1. Entity Name
HRS PROPERTIES, INC



Principal Place of Business
1803 LAUREL BROOK LOOP
CASSELBERRY, FL 32707

Mailing Address
501 SONATA CT
WINTER SPRINGS, FL 32708



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3566766

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RYDER, MICHELLE
501 SONATA CT
WINTER SPRINGS, FL 32708

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature typed or printed name of registered agent and title if applicable

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RYDER, SHANE
STREET ADDRESS	501 SONATA CT
CITY- ST- ZIP	WINTER SPRINGS, FL 32708
TITLE	V
NAME	SOMBECK, MICHAEL
STREET ADDRESS	3006 LEE SHORE LOOP
CITY- ST- ZIP	ORLANDO, FL 32820
TITLE	V
NAME	HURD, BRENT
STREET ADDRESS	211 CAROLINA WAY
CITY- ST- ZIP	GENEVA, FL 32732
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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04/14/08-80012-011 150.00

**DO NOT WRITE
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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/08

Date

407-677-8734

Daytime Phone #