

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90035 031 ***158.75

DOCUMENT # P40752

1. Entity Name

HILLSBOROUGH RIVER REALTY CORP.



Principal Place of Business

101 E. KENNEDY BLVD.
SUITE 3120
TAMPA FL 33602
US

Mailing Address

C/O GORDON, J. SCHIFF, ESQ
400 N TAMPA ST., SUITE 2300
TAMPA FL 33602
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2376201

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHIFF, GORDON J
400 N TAMPA STREET
SUITE 2300
TAMPA FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDS
NAME AVLON, JOHN J.
STREET ADDRESS 200 MEETING STREET, SUITE 405
CITY-ST-ZIP CHARLESTON SC 29401

TITLE VDT
NAME PALMER, STEPHEN, JR.
STREET ADDRESS 745 BOYLSTON STREET, SUITE 401
CITY-ST-ZIP BOSTON MA 02116

TITLE AS
NAME SCHIFF, GORDON J
STREET ADDRESS 400 N-TAMPA ST-2300
CITY-ST-ZIP TAMPA FL 33602

TITLE AS
NAME ANATAL, MICHAEL J
STREET ADDRESS 305 OLD COURSE DRIVE
CITY-ST-ZIP FRIENDSWOOD TX 77546

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-8-04

843-723-8996