

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P92000012506

1. Entity Name
H&R BROKERAGE, INC.



Principal Place of Business
1900 CONSULATE PLACE
APT 603
WEST PALM BEACH, FL 33401

Mailing Address
1900 CONSULATE PLACE
APT 603
WEST PALM BEACH, FL 33401



04062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0377726

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROTH, SOL J
1900 CONSULATE PLACE
WEST PALM BEACH, FL 33401

**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 reinstalling) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ROTH, SOL J
STREET ADDRESS 1900 CONSULATE PLACE APT 603
CITY-ST-ZIP WEST PALM BEACH, FL

TITLE D
NAME ROTH, HARRIET
STREET ADDRESS 1900 CONSULATE PLACE APT 603
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE S
NAME ROTH, ROCHELLE
STREET ADDRESS 2751 CHESTERTON DROAD
CITY-ST-ZIP SHAKER HEIGHTS, OH

TITLE T
NAME CREPS, DAVID T.
STREET ADDRESS 2608 FOXDEN
CITY-ST-ZIP HUDSON, OH

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/12/04-80052-006 150.00

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IN THIS SPACE**

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: *X DAVID T. CREPS*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/2004
Date

Daytime Phone #

216.432.1144