


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000006426 1. Entity Name HRW, INC.	
--	--

Principal Place of Business 912 DREW ST 201 CLEARWATER, FL 33755 US	Mailing Address 912 DREW STREET #201 CLEARWATER, FL 33755 US
--	---

**DO NOT WRITE IN THIS SPACE**



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3354546	Approved for Not Applicable
-----------------------------	--------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent  CSIRA RYAN, PAMELA A 912 DREW STREET, #103C CLEARWATER, FL 34615
---

**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 \_\_\_\_\_  
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**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD RYAN, CSIRA P 1608 GENTRY ST CLEARWATER, FL 38755
TITLE NAME STREET ADDRESS CITY ST ZIP	D RYAN, TIMOTHY J 912 DREW ST, 102 CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY ST ZIP	SVPD WALTERS-DEAN, TRACI 3949 LAKE SHORE DR PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY ST ZIP	D HORMES, RON C 931 SPANISH OAKS BLVD PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY ST ZIP	TD HORMES, CHERYL L 931 SPANISH OAKS BLVD PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY ST ZIP	

U000000006723  
01/16/04-80045-016 150.00

**DO NOT WRITE  
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)(f), 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 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACI D. WALTERS 1-14-04 727 441 2400 X 209  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone