

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000006426

Entity Name: HRW, INC.

FILED  
Jan 26, 2005  
Secretary of State

## Current Principal Place of Business:

912 DREW ST  
201  
CLEARWATER, FL 33755 US

## New Principal Place of Business:

## Current Mailing Address:

912 DREW STREET  
#201  
CLEARWATER, FL 33755 US

## New Mailing Address:

FEI Number: 59-3354546

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CSIRA RYAN, PAMELA A  
912 DREW STREET, #103C  
CLEARWATER, FL 34615 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: PD ( ) Delete  
Name: RYAN, CSIRA P  
Address: 1608 GENTRY ST  
City-St-Zip: CLEARWATER, FL 38755

Title: D ( ) Delete  
Name: RYAN, TIMOTHY J  
Address: 912 DREW ST, 102  
City-St-Zip: CLEARWATER, FL 33755

Title: SVPD ( ) Delete  
Name: WALTERS-DEAN, TRACI  
Address: 3949 LAKE SHORE DR  
City-St-Zip: PALM HARBOR, FL 34684

Title: D ( ) Delete  
Name: HORMES, RON C  
Address: 931 SPANISH OAKS BLVD  
City-St-Zip: PALM HARBOR, FL 34683

Title: TD ( ) Delete  
Name: HORMES, CHERYL L  
Address: 931 SPANISH OAKS BLVD  
City-St-Zip: PALM HARBOR, FL 34683

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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 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: TRACI D WALTERS

SVPD

01/26/2005

Electronic Signature of Signing Officer or Director

Date