

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 20, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90015 024 \*\*\*550.00

DOCUMENT # P97000010793

1. Entity Name  
HRC, INC.



Principal Place of Business  
7061 GRAND NATIONAL DRIVE  
148  
ORLANDO, FL 32819

Mailing Address  
7061 GRAND NATIONAL DRIVE  
148  
ORLANDO, FL 32819

66433830



2. Principal Place of Business  
14050 Town Loop Blvd.

3. Mailing Address  
14050 Town Loop Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

204

204

08262004

Chg-P

CR2E034 (10/03)

City & State  
Orlando, Florida

City & State  
Orlando, Florida

4. FEI Number  
65-0735398

Applied For  
Not Applicable

Zip Country  
32837 Orange

Zip Country  
32837 Orange

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

GALLAGHER, T. MARK  
7061 GRAND NATIONAL DRIVE  
148  
ORLANDO, FL 32819

Name

Street Address (P.O. Box Number is Not Acceptable)  
14050 Town Loop Blvd.

Suite 204

City  
Orlando

FL

Zip Code  
32837

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

*T. Mark Gallagher*

8/26/04

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

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 PS ☐ Delete  
NAME SPRAGUE, R. PAUL  
STREET ADDRESS 70 MAIN STREET  
CITY-ST-ZIP NEW CANAAN, CT 06840

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME KOZAK, MARK  
STREET ADDRESS 70 MAIN STREET  
CITY-ST-ZIP NEW CANAAN, CT 06840

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Mark Ryle, Vice President*

9/14/04

203-966-7447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #