2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000077549

1. Entity Name
HR BAYSIDE OFFICE, INC.



Principal Place of Business

15500 ROOSEVELT BLVD

STE 303 CLEARWATER, FL 33760 Mailing Address

15500 ROOSEVELT BLVD STE 303

CLEARWATER, FL 33760

FILED Apr 29, 2004 08:00 AM Secretary of State



01092004

No Chg-P

CR2E034 (10/03)

4.	FEI Number
	59-3474963

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAYDON, ROGERS K. 15500 ROOSEVELT BLVD STE 303 CLEARWATER, FL 33760

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8. The above the obligat	named entity submits this statement for the priors of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title it	applicable (NOTE Registered	Agent signature	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	oing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBIN, LESLIE A 15500 ROOSEVELT BLVD , STE 303 CLEARWATER, FL 33760				000000140194 04/29/04-80152-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYDON, ROGERS K JR. 15500 ROOSEVELT BLVD, STE 303 CLEARWATER, FL 33760		:		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:83			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				-	
TITLE					

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:

NAME STREET ADDRESS CITY+ST+ZIP

HAYONE AND THE ON PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

4/23/04

727-539-0777