

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90127 047 \*\*\*168.75

**DOCUMENT # P97000105887**

1. Entity Name  
H.R.C., INC.



Principal Place of Business  
4439 WILL SCARLET RD  
JACKSONVILLE, FL 32208

Mailing Address  
4439 WILL SCARLET RD  
JACKSONVILLE, FL 32208



03292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3489245

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HODGE, JANICE  
4439 WILL SCARLET RD  
JACKSONVILLE, FL 32208

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
HODGE, JANICE  
4439 WILL SCARLET RD  
JACKSONVILLE, FL 32208

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
LIGHTSEY, THALINDA  
4648 LINCREST DR SOUTH  
JACKSONVILLE, FL 32208

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FOY, MYRTLE  
3771 BESSENT RD  
JACKSONVILLE, FL 32217

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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)(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:**

*Janice Hodge / President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-19-05 9047682574  
Date Daytime Phone #