

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 AM
Secretary of State

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



04172007 No Chg-P CR2E034 (11/05)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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04/30/07-80007-008*158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 S. Hodge* *Janice S. Hodge/President* 04-17-07 (904) 230-2386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #