


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90008 040 ***150.00

DOCUMENT # P98000013113

1. Entity Name
 HR & M INC. OF ZEPHYRHILLS



Principal Place of Business
 108 E. CENTRAL BLVD.
 CAPE CANAVERAL, FL 32920

Mailing Address
 108 E. CENTRAL BLVD.
 CAPE CANAVERAL, FL 32920

DO NOT WRITE IN THIS SPACE



03132004 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-3493307

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PATEL, HARSHAD
 108 E. CENTRAL BLVD.
 CAPE CANAVERAL, FL 32920

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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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VST
NAME	PATEL, HARSHAD
STREET ADDRESS	108 E. CENTRAL BLVD.
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	P
NAME	PATEL, NIRU
STREET ADDRESS	5210 CAMBERLEA AVE
CITY-ST-ZIP	ZEPHYRILL, FL 33541
TITLE	D
NAME	PATEL, BHARTI
STREET ADDRESS	4111 SHADY WOOD DRIVE
CITY-ST-ZIP	DAYTON, OH 45415
TITLE	D
NAME	PATEL, SAROJ
STREET ADDRESS	108 E CENTRAL BLVD
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-04 321-269-9310
 Date Daytime Phone #