

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

DOCUMENT # P98000027971

1. Entity Name  
HRCF, INC.



Principal Place of Business  
15500 ROOSEVELT BLVD. SUITE 303  
CLEARWATER, FL 33760

Mailing Address  
15500 ROOSEVELT BLVD. SUITE 303  
CLEARWATER, FL 33760



01092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3501994

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 JR.  
15500 ROOSEVELT BLVD. STE 303  
CLEARWATER, FL 33760

**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, 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 D  
NAME RUBIN, LESLIE A  
STREET ADDRESS 15500 ROOSEVELT BLVD. STE 303  
CITY - ST - ZIP CLEARWATER, FL 33760

TITLE D  
NAME HAYDON, ROGERS K JR.  
STREET ADDRESS 15500 ROOSEVELT BLVD. STE 303  
CITY - ST - ZIP CLEARWATER, FL 33760

TITLE D  
NAME CUTLER, MELVIN S  
STREET ADDRESS 35388 US HWY 19 NORTH  
CITY - ST - ZIP PALM HARBOR, FL 34684

TITLE D  
NAME JOHNSON, THOMAS  
STREET ADDRESS 128 S. CLYDE AVE.  
CITY - ST - ZIP KISSIMMEE, FL 34741

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000140198  
04/29/04-80152-013 150.00

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROGERS K. HAYDON JR. 4/23/04 727.539.0777