

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90533 031 \*\*\*155.00

<b>DOCUMENT # P98000079279</b> 1. Entity Name <b>H.D.R. PROPERTIES, INC.</b>			
Principal Place of Business <del>5032 SW 122 TERRACE, SUITE A</del> <del>COOPER CITY, FL 33330</del>		Mailing Address <b>12011 N.W. 22 STREET</b> <b>PEMBROKE LAKES, FL 33026-1913 US</b>	
2. Principal Place of Business <b>12011 N.W. 22 Street</b>		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>Pembroke Lakes, Florida</b>		City & State Suite, Apt. #, etc.	
Zip <b>33026-1913</b>		Country <b>U.S.A</b>	
4. FEI Number <b>65-0864088</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>REVIS, H. DAN</b> <b>12011 NW 22ND STREET</b> <b>PEMBROKE LAKES, FL 33026-1913</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>D</b> NAME <b>REVIS, H. DAN</b> STREET ADDRESS <b>12011 NW 22ND ST</b> CITY - ST - ZIP <b>PEMBROKE LAKES, FL 330261913</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>H. DAN REVIS</b>		Date <b>Jan. 18, 05</b> Daytime Phone # <b>9548497770</b>	

**50046170**



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