## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P9900034913 1. Entity Name HRB ENTERPRISES INC.



FILED Mar 23, 2007 08:00 All Secretary of State

Principal Place of Business

Mailing Address

630 PALM DR: --

630 PALM DR.

SATELLITE BEACH, FL -32937

SATELLITE BEACH, FL 32937



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| 01002001   |            | No Ong 1 | 0/122007 (11/00) |              |             |  |
|------------|------------|----------|------------------|--------------|-------------|--|
| 4.         | FEI Number |          | ·                |              | Applied For |  |
| 59-3569943 |            |          |                  | Not Applicab |             |  |

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

BEECHER, CHAD 1754 STEWART PLACE MELBOURNE, FL 32935

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| the obligations of registered agent.   |   |      |              |                                |   |  |  |  |  |  |
|--|---|------|--------------|--------------------------------|---|--|--|--|--|--|
| SIGNATURE Hawks K Seedles Harold R. Beecher Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)  OATE   |   |      |              |                                |   |  |  |  |  |  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.  |   |      |              | \$5.00 May Be<br>Added to Fees | U00000675889<br>03/30/07-80037-011 150.00 |  |  |  |  |  |
| 10.  | OFFICERS AND DIREC  | TORS |              |                                |   |  |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | P<br>BEECHER, HAROLD R<br>630 PALM DRIVE<br>SATELLITE BEACH, FL 32937 |      |              |                                |   |  |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | V<br>BEECHER, MARY C<br>630 PALM DR.<br>SATELLITE BEACH, FL 32937     |      |              |                                |   |  |  |  |  |  |
| TITLE M  NAME BEECHER, CHAD  STREET ADDRESS 1754 STEWART PLACE  CITY-ST-ZIP MELBOURNE, FL 32935  |   |      | DO NOT WRITE |                                |   |  |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | ESS   |      |              | IN THIS SPACE                  |   |  |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |      |              |                                |   |  |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |      |              |                                |   |  |  |  |  |  |
| 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. |   |      |              |                                |   |  |  |  |  |  |