

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2006 08:00 AM
Secretary of State

DOCUMENT # S40649	
1. Entity Name H&R INVESTORS, INC.	

Principal Place of Business 674 NE 5TH STREET CRYSTAL RIVER FL 34429 US	Mailing Address PO BOX 2482 CLEARWATER FL 33757 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/05)

4. FEI Number 59-3063079	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GAFFNEY, KAREN O 221 W MAIN ST STE D INVERNESS FL 34450		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL 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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	PIGEON, CHUCK			NAME			
STREET ADDRESS	7855 SOUTH MAGNOLIA AVE			STREET ADDRESS			
CITY-ST-ZIP	OCALA FL 34476			CITY-ST-ZIP			
TITLE	T	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	HENIGAR, ROBERT L			NAME			
STREET ADDRESS	724 BRUCE AVE			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER BEACH FL 33767			CITY-ST-ZIP			
TITLE	SD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	STOKES, MARK A			NAME			
STREET ADDRESS	1950 NW 16TH STREET			STREET ADDRESS			
CITY-ST-ZIP	CRYSTAL RIVER FL 34428			CITY-ST-ZIP			
TITLE	D	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	BERRYMAN, RAYMOND			NAME			
STREET ADDRESS	12137 CRESCENT COVE COURT			STREET ADDRESS			
CITY-ST-ZIP	WINDERMERE FL 34786			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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02/11/06-80094-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 fee empowered

SIGNATURE: Robert L Henigar, Treasurer 2/1/06 352-523-8605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #