

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 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



01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

GAFFNEY, KAREN O
221 W MAIN ST
STE D
INVERNESS, FL 34450

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME PIGEON, CHUCK
STREET ADDRESS 7855 SOUTH MAGNOLIA AVE
CITY-ST-ZIP OCALA, FL 34476

TITLE T
NAME HENIGAR, ROBERT L
STREET ADDRESS 724 BRUCE AVE
CITY-ST-ZIP CLEARWATER BEACH, FL 33767

TITLE SD
NAME STOKES, MARK A
STREET ADDRESS 1950 NW 16TH STREET
CITY-ST-ZIP CRYSTAL RIVER, FL 34428

TITLE D
NAME BERRYMAN, RAYMOND
STREET ADDRESS 12137 CRESCENT COVE COURT
CITY-ST-ZIP WINDERMERE, FL 34786

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000621090
02/12/07-80003-003 150.00

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IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #