


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90256 045 \*\*\*150.00

<b>DOCUMENT # V49755</b>	
1. Entity Name <b>H M R PROPERTIES OF VERO BEACH, INC.</b>	

Principal Place of Business <b>756 BEACHLAND BLVD VERO BEACH FL 32963</b>	Mailing Address <b>756 BEACHLAND BLVD VERO BEACH FL 32963</b>
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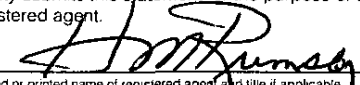
2. Principal Place of Business <b>5300 North A-1-A</b>	3. Mailing Address <b>P. O. Box 2481</b>
Suite, Apt. #, etc. <b>#404</b>	Suite, Apt. #, etc.

City & State <b>Vero Beach, FL.</b>	City & State <b>Vero Beach, FL.</b>
Zip <b>32963</b>	Country <b>Ind. River</b>

4. FEI Number <b>59-3136046</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

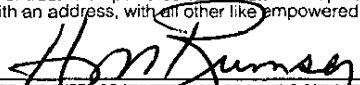
6. Name and Address of Current Registered Agent <b>GEORGE G. COLLINS, JR. 756 BEACHLAND BLVD VERO BEACH FL 32963</b>	
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7. Name and Address of New Registered Agent	
Name <b>HAROLD M. RUMSBY</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>5300 No A-1-A #404</b>	
City <b>VERO BEACH, FL</b>	Zip Code <b>32963</b>

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 	DATE <b>4/15/04</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUMSBY, HAROLD M 756 BEACHLAND BLVD VERO BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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
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 or without other like empowered.	
SIGNATURE: 	DATE <b>4/15/04</b> DAYTIME PHONE # <b>772-231-4282</b>

**54035956**



MOORE CR2E034 (11/03)