

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

(R) - 3004



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 63-0778795	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DOCUMENT # F94000003300
 1. Entity Name
HAAS CHEMICAL CO., INC.



Principal Place of Business
**7707 N.E. 222ND ST
 MELROSE, FL 32666**

Mailing Address
**P.O. BOX 1789
 MELROSE, FL 32666**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**HAAS, GEORGE A JR
 7707 N.E. 222ND ST
 MELROSE, FL 32666**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000030295
 02/04/04-80104-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAAS, GEORGE A JR 7707 N.E. 222ND ST MELROSE, FL 32666
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HAAS, BONNIE S 7707 N.E. 222ND ST MELROSE, FL 32666
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: *Bonnie Haas* **Bonnie Haas Sec** *1-30-04* **352-475-2393**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #