


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 08:00 AM
Secretary of State

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**



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

1st MOORE CR2E034 (10/05)

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

4. FEI Number: **63-0778795** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
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: *Bonnie Haas* error # DATE: **3-31-06** error #

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: HAAS, GEORGE A JR STREET ADDRESS: 7707 N.E. 222ND ST CITY-ST-ZIP: MELROSE FL 32666	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add 100000488804 04/17/06-80021-010 150.00
TITLE: ST NAME: HAAS, BONNIE S STREET ADDRESS: 7707 N.E. 222ND ST CITY-ST-ZIP: MELROSE FL 32666	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
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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 like empowered.

SIGNATURE: *Bonnie Haas* DATE: **3-31-06** DAYTIME PHONE: **352-475-2395**