


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000001910 1. Entity Name TIMOTHY HAAHS & ASSOCIATES, INC.	
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Principal Place of Business 550 TOWNSHIP LINE RD SUITE 100 BLUE BELL, PA 19422	Mailing Address 550 TOWNSHIP LINE RD SUITE 100 BLUE BELL, PA 19422
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 23-2756408	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	110000239970 02/18/05-80001-008 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP HAAHS, TIMOTHY H 1210 KINGSLEY CT LOWER GWYNEDD, PA 19002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV ALARCON, PETRONILO C 2953 APPLIEDALE RD AUDUBON, PA 19406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EBERT, E. JAMES 12431 COCONUT CREEK CT FT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAAHS, JANICE J 1210 KINGSLEY CT LOWER GWYNEDD, PA 19002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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: 	2/3/05	484-342-0200 x103
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>