


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # F97000001910

1. Entity Name
 TIMOTHY HAAHS & ASSOCIATES, INC.



Principal Place of Business Mailing Address

550 TOWNSHIP LINE RD 550 TOWNSHIP LINE RD
 SUITE 100 SUITE 100
 BLUE BELL, PA 19422 BLUE BELL, PA 19422

DO NOT WRITE IN THIS SPACE



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number
 23-2756408 Applied For
 Not Applicable

5. Certificate of Status Desired \$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: *Ann R. Shilling* Ann R. Shilling, Assistant VP 1/15/08
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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	VP ALARCON, PETRONILO C 905 KRIEBEL MILL RD EAGLEVILLE, PA 19406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP EBERT, E. JAMES 5126 BERKELEY DRIVE NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC 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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 01/28/08-80039-007 158.75

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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: *Janice J. Haahs* 484-342-0200 X103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #