


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # J11771


1. Entity Name
HANEL MFG. & PRODUCTS CO., INC.



Principal Place of Business
**3200 46TH AVENUE NORTH
 ST. PETERSBURG, FL 33710**

Mailing Address
**3200 46TH AVENUE NORTH
 ST. PETERSBURG, FL 33710**

DO NOT WRITE IN THIS SPACE



02112008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2668141

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BOROWCZYK, JOSEPH JR
 3200 46TH AVENUE NORTH
 ST. PETERSBURG, FL 33710**

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	BOROWCZYK, JOSEPH JR
STREET ADDRESS	3200 46TH AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	SD
NAME	BOROWCZYK, ROSALIE M
STREET ADDRESS	3200 46TH AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000395167
 04/24/08-80059-003-150.00

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: _____ **3/8/08** **727-528-1265**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Joseph Borowczyk, Pres