2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000119805

1. Entity Name
HANLON ACOUSTICAL CEILINGS, INC.

Principal Place of Business	Mailing Address
455 EAST DOUGLAS RD OLDSMAR, FL 34677	455 EAST DOUGLAS RD OLDSMAR, FL 34677

DO NOT WRITE IN THIS SPACE

01092006   No Chg-P   CR2E034 (11/05)

4. FEI Number   ) | Applied For
80-0003313   (| Not Applicable

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

6. Name and Address of Current Registered Agent

SCHACHTER, JOEL
455 EAST DOUGLAS RD
OLDSMAR, FL 34677

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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 ___N/A___

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHACHTER, JOEL
STREET ADDRESS	2981 NORTHFIELD DR
CITY-ST-ZIP	TARPON SPRINGS, FL 34688

TITLE	V
NAME	SCHACHTER, KIMBERLY
STREET ADDRESS	2981 NORTHFIELD DR
CITY-ST-ZIP	TARPON SPRINGS, FL 34688

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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01/19/06-80033-012 150.00

DO NOT WRITE IN THIS SPACE

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: _____   1/9/06   813-855-3913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #