

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000099326

**Entity Name:** APRIL HABER, INC.

**Current Principal Place of Business:**

217 N. 2ND ST.  
LEESBURG, FL 34748

**Current Mailing Address:**

217 N. 2ND ST.  
LEESBURG, FL 34748

**FEI Number:** 20-1296553

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HABER, APRIL  
605 CASCADE AVENUE  
LEESBURG, FL 34748 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name HABER, APRIL  
Address 605 CASCADE AVENUE  
City-State-Zip: LEESBURG FL 34748

Title P  
Name HABER, APRIL  
Address 605 CASCADE AVENUE  
City-State-Zip: LEESBURG FL 34748

Title S  
Name HABER, APRIL  
Address 605 CASCADE AVENUE  
City-State-Zip: LEESBURG FL 34748

Title T  
Name HABER, APRIL  
Address 605 CASCADE AVENUE  
City-State-Zip: LEESBURG FL 34748

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** APRIL N HABER

**PRESIDENT**

**04/29/2020**

Electronic Signature of Signing Officer/Director Detail

Date