

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 276750

1. Entity Name

AMERICAN HAIL MANAGEMENT, INC.



Principal Place of Business

140 SO. ATLANTIC AVE.
SUITE 400
ORMOND BEACH FL 32176
US

Mailing Address

140 SO. ATLANTIC AVE.
SUITE 400
ORMOND BEACH FL 32176
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-1058776

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORMOND RE GROUP, INC.
140 SO. ATLANTIC AVE.
SUITE 400
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BURT, W L	
STREET ADDRESS	140 SO. ATLANTIC AVE., SUITE 400	
CITY - ST - ZIP	ORMOND BEACH FL 32176	
TITLE	SVTD	<input type="checkbox"/> Delete
NAME	LONG, WILLIAM T	
STREET ADDRESS	140 SO. ATLANTIC AVE., SUITE 400	
CITY - ST - ZIP	ORMOND BEACH FL 32176	
TITLE	EVSD	<input type="checkbox"/> Delete
NAME	DEINER, J.B.	
STREET ADDRESS	140 SO. ATLANTIC AVE., SUITE 400	
CITY - ST - ZIP	ORMOND BEACH FL 32176	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	DIPARDO, ANTHONY L	
STREET ADDRESS	140 SO. ATLANTIC AVE., SUITE 400	
CITY - ST - ZIP	ORMOND BEACH FL 32176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/14/05-80100-005 1500.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #