

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2006 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																		
City & State			City & State																																																																																																																																																		
Zip		Country		4. FEI Number 59-1058776																																																																																																																																																	
5. Certificate of Status Desired ☐		Applied For Not Applicable \$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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable																																																																																																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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																																																																																																																																																	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Handwritten Signature]

3/11/2006