

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2006 8:00 am
Secretary of State

07-19-2006 90002 002 ***158.75

DOCUMENT # 346419

1. Entity Name
FLORIDA HASCO, INC.



Principal Place of Business
4805 SOUTH DIXIE HWY
WEST PALM BEACH, FL 33405

Mailing Address
4805 SOUTH DIXIE HWY
WEST PALM BEACH, FL 33405



07052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1282668	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FINEGOLD, A E
4805 SOUTH DIXIE HWY
W PALM BCH, FL 33405

**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 *A.E. Finegold*
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
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	STPD FINEGOLD, A.E. 4805 S. DIXIE WEST PALM BEACH, FL 33405
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FINEGOLD, STEVEN M 4805 SOUTH DIXIE WEST PALM BEACH, FL 33405
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FINEGOLD, A E 4805 S DIXIE WEST PALM BEACH, FL 33405
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: *A.E. Finegold*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-06
Date

561-582-5679
Daytime Phone #