

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 602061

1. Entity Name
HAGQUIST, P. A.



Principal Place of Business
851 MEADOWS RD
BOCA RATON, FL 33486

Mailing Address
851 MEADOWS RD
BOCA RATON, FL 33486

FILED
Aug 22, 2008 08:00 AM
Secretary of State



08182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1290436

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAGQUIST, RONALD A
851 MEADOWS RD
BOCA RATON, FL 33432

**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.

U000000958223

08/22/08-80004-008 150.00

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
Due by September 12, 2008**

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
PDS
HAGQUIST, RONALD A
851 MEADOWS ROAD
BOCA RATON, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
HAGQUIST, RONALD A
851 MEADOWS ROAD
BOCA RATON, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
HAGQUIST, RONALD A
851 MEADOWS ROAD
BOCA RATON, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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:

Ronald A. Hagquist
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-20-08

Date

(31) 392.2817

Daytime Phone #