


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90181 018 ***150.00

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| DOCUMENT # 629321 |  |
| 1. Entity Name RICHARD A. HAAGER, INC. | |

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| Principal Place of Business 4941 SE KINGFISH AVE. STUART, FL 34997 | Mailing Address 4941 SE KINGFISH AVE. STUART, FL 34997 |
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50023582

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| 2. Principal Place of Business 628 S.E. STYPMANN Blvd. | 3. Mailing Address 628 SE STYPMANN Blvd. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |



01282005 Chg-P CR2E034 (10/03)

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|---------------------------|---------------------------|
| City & State Stuart FL | City & State Stuart FL |
| Zip 34994 | Zip 34994 |
| County Martin | County Martin |

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|-----------------------------|-------------------------------|
| 4. FEI Number 59-1924207 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent HAAGER, RICHARD 4941 SE KINGFISH AVE. STUART, FL 33497 | 7. Name and Address of New Registered Agent Name: Richard Haager Street Address (P.O. Box Number is Not Acceptable): 628 S.E. Stypmann Blvd. City: Stuart FL Zip Code: 34994 |
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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) DATE: _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PTS HAAGER, RICHARD 4941 SE KINGFISH AVE. STUART, FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PTS Haager, Richard 628 SE Stypmann Blvd. Stuart FL 34994 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD HAAGER, RICHARD 4941 SE KINGFISH AVE. STUART, FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD Haager, Richard 628 S.E. Stypmann Blvd Stuart, FL 34994 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Richard Haager 3-2-05 772 285-2849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #