

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # 631689 1. Entity Name H.A.F., INC.					
Principal Place of Business 660 W. PIERCE ST. P.O. BOX 1287 LAKE ALFRED FL 33850			Mailing Address 660 W. PIERCE ST. P.O. BOX 1287 LAKE ALFRED FL 33850		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1942172	
6. Name and Address of Current Registered Agent HAMILTON, ROBERT J., JR. 660 W. PIERCE STREET LAKE ALFRED FL 33850				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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD ☐ Delete HAMILTON, ROBERT J JR		TITLE	☐ Change ☐ Addition	
NAME	HAMILTON, ROBERT J JR		NAME	☐ Change ☐ Addition	
STREET ADDRESS	660 W. PIERCE STREET		STREET ADDRESS	☐ Change ☐ Addition	
CITY-ST-ZIP	LAKE ALFRED FL		CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	☐ Delete		NAME	☐ Change ☐ Addition	
STREET ADDRESS	☐ Delete		STREET ADDRESS	☐ Change ☐ Addition	
CITY-ST-ZIP	☐ Delete		CITY-ST-ZIP	☐ Change ☐ Addition	
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STREET ADDRESS	☐ Delete		STREET ADDRESS	☐ Change ☐ Addition	
CITY-ST-ZIP	☐ Delete		CITY-ST-ZIP	☐ Change ☐ Addition	



1st MOORE CR2E034 (10/05)

Applied For Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

TITLE	PD ☐ Delete HAMILTON, ROBERT J JR		TITLE	☐ Change ☐ Addition	
NAME	HAMILTON, ROBERT J JR		NAME	☐ Change ☐ Addition	
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CITY-ST-ZIP	☐ Delete		CITY-ST-ZIP	☐ Change ☐ Addition	

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: *Robert J Hamilton Jr* **ROBERT J HAMILTON JR** **MAR 2, 2006**