

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 22, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000003746

1. Entity Name
HAGGE CONSTRUCTION COMPANY, INC.



Principal Place of Business
**25449 WEST SCHULTZ STREET
PLAINFIELD, IL 60544**

Mailing Address
**25449 WEST SCHULTZ STREET
PLAINFIELD, IL 60544**



06192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-3251999

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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

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	DP
NAME	HAGGE, SCOTT
STREET ADDRESS	25449 WEST SCHULTZ STREET
CITY-ST-ZIP	PLAINFIELD, IL 60544
TITLE	V
NAME	PETRICK, DAN
STREET ADDRESS	25449 WEST SCHULTZ STREET
CITY-ST-ZIP	PLAINFIELD, IL 60544
TITLE	V
NAME	SIKOWSKI, MARK
STREET ADDRESS	25449 WEST SCHULTZ STREET
CITY-ST-ZIP	PLAINFIELD, IL 60544
TITLE	ST
NAME	RYAN, MAUREEN
STREET ADDRESS	25449 WEST SCHULTZ STREET
CITY-ST-ZIP	PLAINFIELD, IL 60544
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000567521
06/22/06-80004-015 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Maureen Ryan *Secretary* 6/19/06 630-904-4200