

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90034 008 ***150.00

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1. Entity Name
HAHN MCCLURG, P.A.



Principal Place of Business
1701 S FLORIDA AVE
LAKELAND, FL 33803

Mailing Address
~~P.O. Box 38~~ P.O. Box 505
LAKELAND, FL 33802

NOTE CHANGE OF ADDRESS



02262008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2062618

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAHN, JAMES P
1701 S FLORIDA AVENUE
LAKELAND, FL 33803

**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
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
HAHN, JAMES P
538 LAKE HOLLINGSWORTH
LAKELAND, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCCLURG, E.V.
975 LAKE HOLLINGSWORTH
LAKELAND, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MCCLURG, E V
975 LAKE HOLLINGSWORTH DR
LAKELAND, FL 33803

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:

E.V. McClurg

E. V. McClurg

3/13/08

863-683-4211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #