

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90082 013 \*\*\*158.75

**DOCUMENT # F19263**

1. Entity Name  
**HAS, INC. OF CHARLOTTE COUNTY**



Principal Place of Business  
**3361-A TAMiami TRAIL  
PORT CHARLOTTE, FL 33952**

Mailing Address  
**3361-A TAMiami TRAIL  
PORT CHARLOTTE, FL 33952**

2. Principal Place of Business

**4200 TAMiami TRAIL**

3. Mailing Address

**4200 TAMiami TRAIL**

Suite, Apt. #, etc.

**Suite F**

Suite, Apt. #, etc.

**Suite F**

04062005

Chg-P

CR2E034 (10/03)

City & State

**PORT CHARLOTTE FL**

City & State

**PORT CHARLOTTE FL**

4. FEI Number

**59-2138449**

Applied For

☐ Not Applicable

Zip

**33952-9233 CHARLOTTE**

Country

**FL**

Zip

**33952-9233 CHARLOTTE**

Country

**FL**

5. Certificate of Status Desired ☒ **W**

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DUKE, STEPHEN LEE  
3361-A TAMiami TRAIL  
PORT CHARLOTTE, FL 33952**

7. Name and Address of New Registered Agent

Name

**DUKE, STEPHEN LEE**

Street Address (P.O. Box Number is Not Acceptable)

**4200 TAMiami TRAIL Suite F**

City

**PORT CHARLOTTE**

FL

Zip Code

**33952-9233**

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]*

**Stephen L Duke**

**4-11-05**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **DUKE, STEPHEN LEE**  
STREET ADDRESS **3361-A TAMiami TRAIL**  
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **DUKE, STEPHEN LEE**  
STREET ADDRESS **4200 TAMiami TRAIL Suite F**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33952-9233**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]*

**Stephen L Duke**

**4-11-05**

**941-625-0666**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #