

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # G18478

1. Entity Name
R. A. HAECK & ASSOCIATES, INC.



Principal Place of Business
**01835 SPRING LAKE RD
FRUITLAND PK, FL 34731-5243 US**

Mailing Address
**01835 SPRING LAKE RD.
FRUITLAND PK, FL 34731-5243 US**



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2283789 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

**HAECK, ROBERT A.
01835 SPRING LAKE RD.
FRUITLAND PARK, FL 32731**

**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, 2004 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
**P
HAECK, ROBERT A.
01835 SPRINGLAKE RD
FRUITLAND PK., FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**V
SINGLETARY, WILLIAM
1811 79TH ST. N.W.
BRADENTON, FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**S
HAECK, LINDA M.
01835 SPRING LAKE RD.
FRUITLAND PK., FL**

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 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:

Robert A. Haack

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/04

Date

(352) 728-3587

Daytime Phone #