

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 18, 2008 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



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2283789

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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, 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 P
NAME HAECK, ROBERT A.
STREET ADDRESS 01835 SPRINGLAKE RD
CITY-ST-ZIP FRUITLAND PK., FL

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000788569
01/18/08-80048-002 150.00

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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

ROBERT A. HAECK

✓ 1-16-08

Date

Daytime Phone #