

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# G20498

Entity Name: THE HASKELL COMPANY

FILED
Jun 13, 2007
Secretary of State

Current Principal Place of Business:

111 RIVERSIDE AVE.
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

111 RIVERSIDE AVE.
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-2387450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAXCO
50 N LAURA STREET
SUITE 3300
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: HASKELL, PRESTON H III
Address: 111 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32202

Title: PD () Delete
Name: HALVERSON, STEVEN T
Address: 111 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32202

Title: VPD () Delete
Name: BOGAGE, DAVID I
Address: 111 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32202

Title: VPSD () Delete
Name: MULLINIX, EDWARD W JR
Address: 111 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32202

Title: VPD () Delete
Name: FERRELL, GREGORY
Address: 111 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32202

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: WILSON, ALAN
Address: 111 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD W MULLINIX JR

VPSD

06/13/2007

Electronic Signature of Signing Officer or Director

Date