

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G47866

FILED  
Jul 03, 2006  
Secretary of State

Entity Name: HAZARDS MANAGEMENT GROUP, INC.

**Current Principal Place of Business:**

2308 CARRICK COURT  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

**Current Mailing Address:**

2308 CARRICK COURT  
TALLAHASSEE, FL 32309

**New Mailing Address:**

FEI Number: 59-2402380

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BAKER, EARL J.  
2308 CARRICK COURT  
TALLAHASSEE, FL 32309 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BAKER, EARL J,  
Address: 2308 CARRICK COURT  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete  
Name: DAINES, GUY E,  
Address: 1711 AVOCA DR  
City-St-Zip: TARPON SPRGS, FL 00000,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: EARL J BAKER

PRES

07/03/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date