

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # J71311 1. Entity Name HAB SERVICES, INC.	
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Principal Place of Business 1601 MCCLOSKEY BLVD. TAMPA, FL 33605-6731	Mailing Address 1601 MCCLOSKEY BLVD. TAMPA, FL 33605-6731
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01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3006384	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PERTNOY, SIDNEY M. 330 BISCAYNE BLVD. SIXTH FLOOR MIAMI, FL 33132

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.

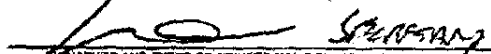
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARKETT, ANTHONY J. 1601 MCCLOSKEY BLVD TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARKETT, KENNETH D. 1601 MCCLOSKEY BLVD. TAMPA, FL
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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 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:  **1/19/06** **813 278-1988**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #