

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90113 034 ***158.75

DOCUMENT # K85079

1. Entity Name
HAUS DEVELOPMENT, INC.



Principal Place of Business
**3005 CARING WAY
#A
PORT CHARLOTTE, FL 33952 US**

Mailing Address
**P O BOX 194616
PORT CHARLOTTE, FL 33949-4616 US**

60026665



2. Principal Place of Business
99 NESBIT STREET
Suite, Apt. #, etc.

3. Mailing Address
99 NESBIT STREET
Suite, Apt. #, etc.

01162006 Chg-P CR2E034 (11/05)

City & State
PUNTA GORDA, FL
Zip
33950
Country
US

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PUNTA GORDA, FL
Zip
33950
Country
US

4. FEI Number
65-0125153
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOPKO, CHARLOTTE L
3005 CARING WAY #A
APT 105A
PT CHARLOTTE, FL 33952**

Name
GARY A. KAHLE
Street Address (P.O. Box Number is Not Acceptable)
FARR LAW FIRM
99 NESBIT STREET
City
PUNTA GORDA FL Zip Code
33950

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SOPKO, CHARLOTTE L	
STREET ADDRESS	3005 CARING WAY #A	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	SOPKO, CHARLOTTE	
STREET ADDRESS	603 E WOOD AVE	
CITY-ST-ZIP	MT. PROSPECT, IL	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	HUMMEL, EVELYN	
STREET ADDRESS	2600 TUSKETT AVE	
CITY-ST-ZIP	NORTH PORT, FL 34287	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOPKO, CHARLOTTE L	
STREET ADDRESS	603 NORTH EASTWOOD AVENUE	
CITY-ST-ZIP	MT. PROSPECT, IL 60056	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Charlotte L. Sopko*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CHARLOTTE L. SOPKO, DIRECTOR/PRESIDENT