2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L54439

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1. Entity Name

HAIG & HAIG STUCCO, INC.

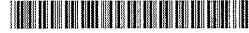


FILED Apr 05, 2004 08:00 AM Secretary of State

Principal Place of Business

6100 W ATLANTIC BLVD MARGATE, FL 33063 US Mailing Address

6100 W ATLANTIC BLVD MARGATE, FL 33063 US



03222004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0175726 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAIG, MARK 6100 W ATLANTIC BLVD MARGATE, FL 33063

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				IN THIS STASE	
	named entity submits this statement for the plions of registered agent.	urpose of changing its registered	doffice or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title it	f applicable (NOTE, Registered	agent signature	required when reinstating)	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	ing \Box	\$5.00 May 8e Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAIG, ROBERT 22180 CRANBROOK BOCA RATON, FL				U00000103207 04/05/04-80046-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAIG, MARK 6100 W ATLANTIC BLVD MARGATE, FL 33063				
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	S HAIG, MARY 6100 W ATLANTIC BLVD MARGATE, FL 33063			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS GITY-ST-ZIP					
TITLE		1122			

12. I hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3XI), 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: <

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

30 69 954.935-00