

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L54439

1. Entity Name
HAIG & HAIG STUCCO, INC.



Principal Place of Business
**6100 W ATLANTIC BLVD
MARGATE, FL 33063 US**

Mailing Address
**6100 W ATLANTIC BLVD
MARGATE, FL 33063 US**



07292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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**

**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: *Mark Haig, President*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

000000375562
08/04/05 0003.004 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HAIG, ROBERT
22180 CRANBROOK
BOCA RATON, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HAIG, MARK
6100 W ATLANTIC BLVD
MARGATE, FL 33063**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
HAIG, MARY
6100 W ATLANTIC BLVD
MARGATE, FL 33063**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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: *Mark Haig*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-30-05 954.935.0008
Date Daytime Phone #