## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90172 040 \*\*\*158.75

DOCUMENT # L94003

1. Corporation Name

Hagey House, Inc.

11009661

1						Ü	7.	11000	J U Z			
Principal Plac	ce of Business	Mail	ing Address	_								
99	20 59th Street No	rth										
Pinellas Park, Florida 34666												
Tineffas Fark, Florida 54000								DO NOT WRITE IN THIS SPACE				
ı								3. Date Incorporated or Qualifed				
		T		_								
	Place of Business	<b>⊢</b> ¬	Mailing Address				ľ	4. FEI Number			oplied For	
21			Suite, Apt. #, etc.					65 0212448			ot Applicable	
Suite, Apt. #, etc.			٦					5. Certifcate of Status Desired	•		Additional equired	
22     27			City P. Ctato								<u>'</u>	
			1 · -					6. Election Campaign Financing Trust Fund Contribution			May Be	
Zin	Zip Country Zip			Country							to Fees	
24	25 29			30	<del></del>			8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No				
2-7	9. Name and Address of Current		red Agent	1301				10. Name and Address of New Registere				
_		9			81	Name					,	
	mes E. Tice				00	- China a 4	A -4	(D.O. Barrelliania Net Assessable)				
_	220 SW 280th Str				82	Street	Addres	s (P.O. Box Number is Not Acceptable)				
<u>H</u> 01	nestead, Florida	3303	1		83							
Ē					_					<del></del> -		
					84	City		F	L 85	Zip i	Code	
								ation submits this statement for the purpose	of chang			
	registered agent, or both, in the State c am familiar with, and accept the obligati						oration's	s board of directors. I hereby accept the app	ointmer	it as re	gistered	
SIGNATURE			,			•						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R						nt signature n	required wi	hen reinstating) DATE				
12.	OFFICERS AND	DIREC		13.				ADDITIONS/CHANGES TO OFFICERS				
TITLE PD	Hagey, Lucille	-	☐ DELETE	1.1 111						hange	Addition	
NAME QQ	10 59+h S+ N			1.2 NA	ME							
Pinellas Park, Fl. 34666					1.3 STREET ADDRESS							
				1.4 CIT		T-ZIP	├──					
TITLE	D. James E. Tice		☐ DELETE	2.1 TIT	LE					hange	☐ Addition	
NAME	16220 SW 280th S	tree	t	2.2 NA	ME							
STREET ADDRESS	Homestead, Flori	da 3	3031	2.3 ST	REET	ADDRESS						
CITY-ST-ZIP			[] occurr	2. 4 CI		T-ZIP	<u> </u>					
TITLE	SD		DELETE	3.1 TIT			_	advantation of the contract of		hange	Addition	
NAME	Schantz, Edward 6222 Perimeter D	Τ.		3.2 NA							İ	
STREET ADDRESS				· ·		ADDRESS					Ì	
CITY-ST-ZIP	<del></del>	_193	3.5	3.4. CF		T-ZIP	<u> </u>			hance	CT Addition	
TITLE	TD Pinto, Maureen		□ NECE IE	4,1 TIT					Пс	hange	Addition	
NAME	rinco, maureen			4. 2 NA							Ì	
	15136 Dilbeck Dr			•		ADDRESS					}	
CITY-ST-ZIP	Springnill, Fi 3			_	4.4 CITY-ST-ZIP					hange	Addition	
TITLE			□ Nereie	5.1 TITI 5.2 NAI		ĺ			ں ں	uaili		
NAME				- 1		ADDRESS					ļ	
STREET ADDRESS				5.4 CIT								
CITY-ST-ZIP TITLE			☐ DELETE	6.1 TIT		- 211	<del></del>			hange	Addition	
				6.2 NA				•	П,			
NAME						ADDRESS						
STREET ADDRESS				64 CIT								

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

4/21/03