# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 11, 2007**
**Secretary of State**

DOCUMENT# N06000005313

**Entity Name:** H.A.C. FLORIDA, INC.

**Current Principal Place of Business:**

P.O. BOX 395
PORT RICHEY, FL 34673

**New Principal Place of Business:**

9530 LAKEVIEW DRIVE
NEW PORT RICHEY, FL 34673

**Current Mailing Address:**

P.O. BOX 395
PORT RICHEY, FL 34673

**New Mailing Address:**

**FEI Number: 14-1962602** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

POLSKY, HAROLD H
6234 SEABREEZE DR
PORT RICHEY, FL 34668 US

**Name and Address of New Registered Agent:**

KOWALCZYK, CHRISTOPHER P
8701 CUTLASS DRIVE
HUDSON, FL 34667 US

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.

SIGNATURE: CHRISTOPHER P KOWALCZYK 05/11/2007
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: STEVANS, VIRGINIA M
Address: 9530 LAKEVIEW DR.
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: VP ( ) Delete
Name: KOWALCZYK, CHRISTOPHER P
Address: 8701 CUTLASS DR
City-St-Zip: HUDSON, FL 34667 US

Title: TRES ( ) Delete
Name: ZOLOBKOWSKI, DEBORAH M
Address: 11401 ISLAND PINE DR
City-St-Zip: PORT RICHEY, FL 34668 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER P KOWALCZYK VP 05/11/2007
Electronic Signature of Signing Officer or Director Date