## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P0000005325 1. Entity Name HASTINGS STREET INC.



01052004

FILED
May 03, 2004 08:00 AM
Secretary of State

Principal Place of Business 626 GULF SHORE BLVD, SOUTH NAPLES, FL 34102 Mailing Address

38500 WOODWARD AVENUE
SUITE 310
BLOOMFIELD HILLS, MI 48304



No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 31-1694991 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ARONOFF, JANET 626 GULF SHORE BLVD. SOUTH DO NOT WRITE NAPLES, FL 34102 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 (NOTE: Registered Agent signature required when rainstating) Suppliere, byten or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS TITLE ARONOFF, DANIEL J NAME 38500 WOODWARD AVENUE, SUITE 310 STREET ADDRESS BLOOMFIELD HILLS, MI 48304 CITY-ST-ZIP TITLE NAME STREET ADDRESS The state of the s CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CiTY-S1-ZIP IN THIS SPACE TITL F NAME STREET ADDRESS ्रभा पुत्र संस्था स्थान स्थान स्थान स्थान स्थान CITY-ST-ZIP De la company TITLE NAME STREET ADDRESS

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 cath; 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:

CITY- ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-06-04

JANET AROUCFF

the state of the s

248-642-0190

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