

AMENDED 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000014116

1. Entity Name
HAAS HOLDINGS, INC.



FILED
AMENDED
04 APR 22 PM 12:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
**977 1ST AVE N
NAPLES, FL 34102**

Mailing Address
**977 1ST AVE N
NAPLES, FL 34102**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04092004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3623671

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KRUSE, ELAINE L
977 1ST AVE N
NAPLES, FL 34102**

7. Name and Address of New Registered Agent

Name **Business Filings Incorporated**
Street Address (P.O. Box Number is Not Acceptable)
660 East Jefferson St.
City **Tallahassee** **FL** Zip Code **32301**

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 Schiffrin **Mark Schiffrin**

4/14/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **DVT** ☐ Delete
NAME **KRUSE, GREGORY B**
STREET ADDRESS **3523 SANTIAGO WAY**
CITY-ST-ZIP **NAPLES, FL 34105**

TITLE **DPS** ☒ Delete
NAME **KRUSE, ELAINE L**
STREET ADDRESS **3523 SANTIAGO WAY**
CITY-ST-ZIP **NAPLES, FL 34105**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☒ Change ☐ Addition
NAME **KRUSE, GREGORY B.**
STREET ADDRESS **c/o CHEMONICS INTERNATIONAL**
CITY-ST-ZIP **1133 20th St. NW, Ste 700
Washington DC 20036**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 filers empowered.

SIGNATURE:

Gregory B. Kruse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04 **(202) 955-3300**
Date Daytime Phone #