## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Mar 10, 2008 08:00 A Secretary of State DOCUMENT # P00000043968 1. Entity Name JERRY L HANEY, INC. Principal Place of Business Mailing Address 9410 DELRAY DRIVE 9410 DELRAY DRIVE NEW PORT RICHEY FL 34654 **NEW PORT RICHEY FL 34654** 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-3646539 Not Applicable Zip Country $Z:\mathcal{O}$ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARKER, JR., G. FRANK Street Address (P.O. Box Number is Not Acceptable) 7512 RIDGE ROAD PORT RICHEY FL 34668 City 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 Signature, typed or primed pame of registered neent and the Transfeasie (RCOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE-IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State: OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. De ete TITLE ☐ Addition NAME HANEY, JERRY L NAME U00008851972 03/26/08-80009-013 150.00 STREET ADDRESS 9410 DELRAY DR STREET ADDRESS NEW PORT RICHEY FL 34654 CITY-ST-ZIP CITY-ST ZIP TITLE ☐ Derete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET AUGRESS CITY-ST-7/P CHY-ST-ZIP TITLE ☐ De ete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITE ☐ Change Addition ... NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP THUE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST ZIP CITY-ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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: