2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000115270

1. Entity Name
HAZOURI & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
6015 CHESTER CIRCLE #112 JACKSONVILLE, FL 32217	6015 CHESTER CIRCLE #112 JACKSONVILLE, FL 32217

DO NOT WRITE IN THIS SPACE

04112007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
04-3589413		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAZOURI, THOMAS L
6015 CHESTER CIRCLE #112
JACKSONVILLE, FL 32217

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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_____

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, 2007 Fee will be $550.00

9. Election Campaign Financing
   Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	HAZOURI, THOMAS L
STREET ADDRESS	6015 CHESTER CIRCLE #112
CITY-ST-ZIP	JACKSONVILLE, FL 32217

TITLE	
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CITY-ST-ZIP	

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04/26/07-80012-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Thomas R. Hazouri*   April 11, 2007   (904) 730-2729

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #