2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000001384

1. Entity Name
HAIGLER & COMPANY, P.A.

Principal Place of Business	Mailing Address
2604 ARMSTRONG RD TALLAHASSEE, FL 32308	2604 ARMSTRONG RD TALLAHASSEE, FL 32308

DO NOT WRITE IN THIS SPACE

03112007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
03-0379417	Not Applicable

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

6. Name and Address of Current Registered Agent

HAIGLER, MITCHELL B
2604 ARMSTRONG RD
TALLAHASSEE, FL 32308

DO NOT WRITE 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	HAIGLER, MITCHELL B
STREET ADDRESS	2604 ARMSTRONG RD
CITY-ST-ZIP	TALLAHASSEE, FL 32308

TITLE	
NAME	
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CITY-ST-ZIP	

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04/06/07-80008-003 150.00

DO NOT WRITE IN THIS SPACE

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: _Mot B. Ha_____   3/29/07   850 385 0432

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