

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90415 004 ***150.00

DOCUMENT # P02000107549					
1. Entity Name BOOTSY HAAS, INC.					
Principal Place of Business 228 6TH AVE S JACKSONVILLE BEACH, FL 32250			Mailing Address PO BOX 50052 JACKSONVILLE BEACH, FL 32240		
2. Principal Place of Business 1312 N 3rd Street		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jacksonville Beach FL		City & State		4. FEI Number 22-3875336	
Country USA		Zip 32250		Country	
6. Name and Address of Current Registered Agent HASS, BOOTSY 228 6TH AVE S JACKSONVILLE BEACH, FL 32250				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable) 1312 N 3rd Street				Street Address (P.O. Box Number is Not Acceptable) Jacksonville Bch.	
City				City FL	
Zip Code 32250				Zip Code 32250	
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 <i>[Signature]</i>		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered agent signature required when reinstating)	
BOOTSY HAAS		X 4-24-06		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE D	NAME HAAS, ELIZABETH B				
STREET ADDRESS 228 6TH AVE S	STREET ADDRESS 228 6TH AVE S				
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250	CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250				
<input type="checkbox"/> Delete					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE D P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME 1312 N 3rd Street					
STREET ADDRESS JACKSONVILLE, BEACH, FL. 32250					
CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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 <i>[Signature]</i>		Signature and typed or printed name of signing officer or director BOOTSY HAAS, Pres.		Date X 4-24-06	
904(463-4443)		Daytime Phone #			