2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 08, 2007 08:00 AM DOCUMENT # P03000082768 **Secretary of State** HANGAR SALES AND RENTAL, INC. Principal Place of Business Mailing Address 7 QUITO 7 QUITO FORT PIERCE, FL 34951 FORT PIERCE, FL 34951 01032007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2382523 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FARRELL, RICKEY L ESQ. DO NOT WRITE 1595 S.E. PORT ST. LUCIE BOULEVARD PORT ST. LUCIE, FL 34952 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 18 \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE VAN OVOST, JEAN MARIE NAME STREET ADORESS 7 QUITO FORT PIERCE, FL 34951 U00000577624 CITY-ST-ZIP 01/08/07-80024-008 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP 717 (F NAME STREET ADDRESS DO NOT WRITE City-ST-ZIP IN THIS SPACE NAME: STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

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 807, 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:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/3/07

772-321-3554

Daytime Phone #

FILED