

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000016449	
1. Entity Name JOHN HAUGHAIN, INC.	

Principal Place of Business 9525 COUNTY ROAD 13 NORTH ST. AUGUSTINE, FL 32092	Mailing Address 9525 COUNTY ROAD 13 NORTH ST. AUGUSTINE, FL 32092
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DO NOT WRITE IN THIS SPACE



01312006 No Chg-P CR2E034 (11/05)

4. FEI Number 73-1693709	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HAUGHAIN, JOHN C 9525 COUNTY ROAD 13 NORTH ST. AUGUSTINE, FL 32092
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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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAUGHAIN, JOHN C 9525 COUNTY ROAD 13 NORTH ST. AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAUGHAIN, LINDA M 9525 COUNTY RD 13 NORTH ST. AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/03/06-80045-003 150.00

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: <u>John C. Haughain</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>4/14/06</u> Daytime Phone: <u>904-940-0714</u>
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