

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000035914

Entity Name: HANA PROPERTY DEVELOPMENT, INC.

FILED
Jan 13, 2009
Secretary of State

Current Principal Place of Business:

4354 DECATUR STREET
MARIANNA, FL 32446

New Principal Place of Business:

6148 SYLVANIA PINES WAY
GREENWOOD, FL 32443

Current Mailing Address:

PO BOX 26
MARIANNA, FL 32447

New Mailing Address:

FEI Number: 76-0750140 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEEL, CHUCK A
2860 HWY 71 N
MARIANNA, FL 32446 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NEEL, CHUCK
Address: 4354 DECATUR STREET
City-St-Zip: MARIANNA, FL 32446

Title: VP () Delete
Name: HOWELL, TRAVIS
Address: 4354 DECATUR STREET
City-St-Zip: MARIANNA, FL 32446

Title: S () Delete
Name: ALDAY, JOSEPH
Address: 4354 DECATUR STREET
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: ALDAY, JAMIE
Address: 4354 DECATUR STREET
City-St-Zip: MARIANNA, FL 32446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NEEL, CHUCK
Address: 6148 SYLVANIA PINES WAY
City-St-Zip: GREENWOOD, FL 32443

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHUCK NEEL

PRES

01/13/2009

Electronic Signature of Signing Officer or Director

Date