2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000063702

1. Entity Name
HAGERTY & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
10290 GRAIL AVENUE ENGLEWOOD, FL 34224	10290 GRAIL AVENUE ENGLEWOOD, FL 34224

DO NOT WRITE IN THIS SPACE

07172006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-1047893	Not Applicable

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

6. Name and Address of Current Registered Agent

HAGERTY, BRIAN
10290 GRAIL AVENUE
ENGLEWOOD, FL 34224

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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)

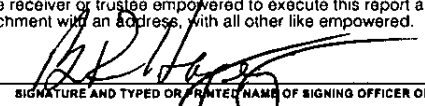U00000572034
07/25/06-88013-012 150.00

FILE NOW!!! FEE IS $150.00 **Due by September 6, 2006**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	HAGERTY, BRIAN
STREET ADDRESS	10290 GRAIL AVENUE
CITY-ST-ZIP	ENGLEWOOD, FL 34224

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ 07/24/06   941 473 5499

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