

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90332 046 ***150.00

DOCUMENT # P04000124463

1. Entity Name
TODD HAGUE, P.A.



Principal Place of Business
**882 WESTCHESTER DRIVE
DELAND, FL 32724 US**

Mailing Address
**882 WESTCHESTER DRIVE
DELAND, FL 32724 US**

J0010J4J

2. Principal Place of Business
305 Crystal Pond Ave
Suite, Apt. #, etc.

3. Mailing Address
305 Crystal Pond Avenue
Suite, Apt. #, etc.



02122006 Chg-P CR2E034 (11/05)

City & State
DeLand FL

City & State
DeLand FL

4. FEI Number
20-1559659
Applied For
Not Applicable

Zip
32720
Country
US

Zip
32720
Country
US

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

6. Name and Address of Current Registered Agent

**HAGUE, TODD
882 WESTCHESTER DRIVE
DELAND, FL 32724**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
305 Crystal Pond Avenue
City **DeLand** **FL** Zip Code **32720**

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)

4/6/06
DATE

**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**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **HAGUE, TODD**
STREET ADDRESS **882 WESTCHESTER DRIVE**
CITY-ST-ZIP **DELAND, FL 32724**

TITLE **VP** ☐ Delete
NAME **SWITALA, THOMAS J**
STREET ADDRESS **882 WESTCHESTER DRIVE**
CITY-ST-ZIP **DELAND, FL 32724**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **305 Crystal Pond Avenue**
CITY-ST-ZIP **DeLand, FL 32720**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **305 Crystal Pond Avenue**
CITY-ST-ZIP **DeLand, FL 32720**

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TITLE ☐ Change ☐ Addition
NAME
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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/06
Date

Daytime Phone #