

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000163237

1. Entity Name
ALBERT HAUER SERVICES, INC.



FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90146 017 ***150.00

Principal Place of Business 1304 ROYAL PALM GULFPORT, FL 33707	Mailing Address 1304 ROYAL PALM GULFPORT, FL 33707
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2. Principal Place of Business 6880 16th Place N	3. Mailing Address Suite, Apt. #, etc. #751A
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City & State St Petersburg, FL	City & State
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Zip 33710	Country USA	Zip	Country
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6. Name and Address of Current Registered Agent HAUER, ALBERT 1304 ROYAL PALM GULFPORT, FL 33707	7. Name and Address of New Registered Agent Name Albert C Hauer Street Address (P.O. Box Number is Not Acceptable) 6880 - 16th Place N #751A
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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: <i>Albert C Hauer</i> Albert C Hauer - President	(NOTE: Registered Agent signature required when renaming)	DATE: 3-2-05
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FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAUER, ALBERT 1304 ROYAL PALM GULFPORT, FL 33707	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Hauer, Albert C. 6880 - 16th Place N #751A St Petersburg, FL 33710	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Albert C Hauer* Albert C Hauer 3-2-05 727-345-6623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #