

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90054 015 ***163.75

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1. Entity Name

HAROLD HAYCOOK MOVING & STORAGE CORP.



Principal Place of Business

**6912 TURTLE MOUND RD
NEW SMYRNA BCH FL 32169**

Mailing Address

**6912 TURTLE MOUND RD
NEW SMYRNA BCH FL 32169**

2. Principal Place of Business

same

Suite, Apt. #, etc.

3. Mailing Address

same

Suite, Apt. #, etc.

City & State

City & State

Zip

32169

Country

USA

Zip

Country

4. FEI Number

22-2295383

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAYCOOK, HAROLD J
6912 TURTLE MOUND RD
NEW SMYRNA BCH FL 32169**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

32169

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

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State.

9. Election Campaign Financing
Trust Fund Contribution.

☒

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PV** ☐ Delete
NAME **HAYCOOK, HAROLD J JR**
STREET ADDRESS **6912 TURTLE MOUND RD**
CITY-ST-ZIP **NEW SMYRNA BCH FL 32169**

TITLE **ST** ☐ Delete
NAME **HAYCOOK, ANITA**
STREET ADDRESS **6912 TURTLE MOUND RD**
CITY-ST-ZIP **NEW SMYRNA BCH FL 32169**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 Section 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:

Harold J Haycock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/06
Date

386-467-4670
Daytime Phone #