

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000068069

Entity Name: HAGAN ALF INC

FILED  
Jan 08, 2008  
Secretary of State

## Current Principal Place of Business:

3104 W. 12TH ST.  
JACKSONVILLE, FL 32254

## New Principal Place of Business:

## Current Mailing Address:

3104 W. 12TH ST.  
JACKSONVILLE, FL 32254

## New Mailing Address:

FEI Number: 20-2839897

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCINTYRE, SHARON E  
11721 TANAGER DR.  
JACKSONVILLE, FL 32225 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: MCINTYRE, SHARON E  
Address: 11721 TANAGER DR.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: VD ( ) Delete  
Name: CLARK, VIVIAN  
Address: 1576 NE 216TH ST.  
City-St-Zip: LAWTEY, FL 32058

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SHARON E. MCINTYRE

PRES

01/08/2008

Electronic Signature of Signing Officer or Director

Date