## 2008 FOR PROFIT CORPORATION

## May 05, 2008 8:00 am Secretary of State **ANNUAL REPORT** 05-05-2008 90253 023 \*\*\*150.00 **DOCUMENT # P05000073934** 1. Entity Name HAGL CORPORATION 40001----Principal Place of Business Mailing Address 97665 OVERSEAS HWY 97665 OVERSEAS HWY KEY LARGO, FL 33037 KEY LARGO, FL 33037 No Chg-P CR2E034 (11/05) 02162008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2907778 Not Applicable \$8.75 Additional 5. Certificate of Status Desired -6. Name and Address of Current Registered Agent DO NOT WRITE HILDRETH, JACK 97665 OVERSEAS HWY KEY LARGO, FL 33037 IN THIS SPACE 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **DPTS** TITLE HILDRETH, JACK NAME STREET ADDRESS 97665 OVERSEAS HWY CITY-ST-ZIP KEY LARGO, FL 33037 NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS DO NOT WRITE CITY-SI-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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 eignature 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 trusted empowered to execute this effort 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 the empowered. SIGNATURE: 🕰

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP

**FILED**