


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90048 050 ***150.00

DOCUMENT # P06000017921

1. Entity Name
HARGAUL PROPERTIES INC



Principal Place of Business Mailing Address

6701 BELASCO AVENUE **6701 BELASCO AVENUE**
ORLANDO, FL 32810 **ORLANDO, FL 32810**

40001275



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

7205 Edgewater Dr. **7205 Edgewater Dr.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01092007 Chg-P CR2E034 (12/06)

City & State City & State

Orlando FL **Orlando FL**

Zip Country Zip Country

32810 **USA** **32810** **USA**

4. FEI Number Applied For

20-4241295 Not Applicable

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

6. Name and Address of Current Registered Agent

AUL, JOSEPH
6701 BELASCO AVENUE
ORLANDO, FL 32810

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
7205 Edgewater Dr.

City **Orlando** FL Zip Code **32810**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007: 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 | <input type="checkbox"/> Delete |
| NAME | HARGER, DERRICK S | |
| STREET ADDRESS | 6701 BELASCO AVENUE | |
| CITY-ST-ZIP | ORLANDO, FL 32810 | |
| TITLE | S/T | <input type="checkbox"/> Delete |
| NAME | AUL, JOSEPH | |
| STREET ADDRESS | 6701 BELASCO AVENUE | |
| CITY-ST-ZIP | ORLANDO, FL 32810 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 7205 Edgewater Dr. | |
| CITY-ST-ZIP | Orlando FL 32810 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 7205 Edgewater Dr. | |
| CITY-ST-ZIP | Orlando FL 32810 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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  **Derrick S Harger** 1/9/07 407 2951000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #