

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000055311

1. Entity Name
THE HANGAR 2007 INC.



FILED

2008 SEP -4 AM 10: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**11525 HUTCHISON BLVD., SUITE 102
PANAMA CITY BEACH, FL 32407**

Mailing Address
**11525 HUTCHISON BLVD., SUITE 102
PANAMA CITY BEACH, FL 32407**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number **26 0139812** Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE., SUITE 4
WESTON, FL 33331**

Name

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

City

FL

Zip Code

8. The above named entry 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
NOLAN, MARC G
11525 HUTCHISON BLVD, SUITE 102
PANAMA CITY BEACH, FL 32407**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~09/04/08--01038--013 **300.00~~

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
VECKER, PAUL S
11525 HUTCHISON BLVD, SUITE 102
PANAMA CITY BEACH, FL 32407**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**500135374315
09/04/08--01038--013 **300.00**

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2/08

Date

Daytime Phone #