

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90010 030 ***550.00

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| DOCUMENT # P92000013084 1. Entity Name HAUFLER PROPERTIES, INC. | | | |
| Principal Place of Business 3700 N.W. 91 ST. # A100 GAINESVILLE, FL 32606 | | Mailing Address 3700 N.W. 91 ST. # A100 GAINESVILLE, FL 32606 | |
| 2. Principal Place of Business - No P.O. Box # 3500 NW 97 Blvd | | 3. Mailing Address 3500 NW 97 Blvd. | |
| Suite, Apt. #, etc. A | | Suite, Apt. #, etc. A | |
| City & State GAINESVILLE, FL | | City & State GAINESVILLE, FL | |
| Zip 32606 | Country USA | Zip 32606 | Country USA |
| 6. Name and Address of Current Registered Agent SONTAG, SANDRA H. 3700 N.W. 91 ST., # A 100 GAINESVILLE, FL 32606 | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____ | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small> | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | DP HAUFLER, OSCAR E. <input type="checkbox"/> Delete 3700 NW 91 STREET, SUITE A-100 GAINESVILLE, FL 32606 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD SONTAG, SANDRA <input type="checkbox"/> Delete 3700 NW 91 STREET A-100 GAINESVILLE, FL 32606 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HAUFLER, E R <input type="checkbox"/> Delete 3700 NW 91ST ST # A100 GAINESVILLE, FL 32606 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Oscar E. Hauler</u> OSCAR E. Hauler, Pres. <u>6/1/07</u> <u>352-331-3396</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |

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| 4. FEI Number 59-3165599 | Applied For Not Applicable |
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**