


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90196 043 ***150.00

DOCUMENT # P93000001091	
1. Entity Name HAEUSLER ENTERPRISES, INC.	

Principal Place of Business 210 HARBOR BLVD SLIP 13 DESTIN, FL 32541	Mailing Address % STEPHEN C. REGAN PO BOX 5198 DESTIN, FL 32540-5198
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40082832



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01082007 Chg-P CR2E034 (12/06)

City & State	City & State
Zip	Country

4. FEI Number 59-3161301	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent REGAN, STEPHEN C 225 ADDISON PLACE CRESTVIEW, FL 32536	7. Name and Address of New Registered Agent Name REGAN, STEPHEN C. Street Address (P.O. Box Number is Not Acceptable) 318 SNAPPER DRIVE DESTIN, FL 32541-2212
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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: *Stephen C. Regan* (NOTE: Registered Agent signature required when reinstating) DATE: 4/24/07

FILE NOW!!! FEE IS \$180.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REGAN, STEPHEN C 225 ADDISON PLACE CRESTVIEW, FL 32536 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMD C REGAN, STEPHEN C. 318 SNAPPER DRIVE DESTIN, FL 32541-2212 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REGAN, MICHAEL B SR 318 SNAPPER DRIVE DESTIN, FL 325412212 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD REGAN, MICHAEL B SR. 318 SNAPPER DRIVE DESTIN, FL 32541-2212 <input checked="" 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: *Stephen C. Regan* **STEPHEN C. REGAN** 4/24/07 850-259-0856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #