2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # P93000039526 1. Entity Name HAIL RAISERS, INC.						05-02-2005 90382 012 ***150.00				
Principal Place of Business Mailing Address					7	14012189				
1947 ELKHORN CT 1947 ELKHORN CT Longwood, Fl 32750 US Longwood, Fl 32750			750 US			140	12100	•		
LUNGWOOD,	FL 32750 US	LONGWOOD, FL 32	/50 US	ı	1 10001001 110	PPIN IIIS NAIM NAIM NAIM	II BRIDE I MIE I C IE	I - III - 48 0 (0 - 0 5	(1886 II 1881	
2. Principal P	lace of Business	3. Mailing Address								
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			04212005	Chg-P	CR2E03	4 (10/03)		
City & State		City & State			4. FEI Numbe 59-318!			—	pplied For ot Applicable	
Zip	Country	Zip Cour		itry		of Status Desired		8.75 Add	litional	
	6. Name and Address of Currer	nt Registered Agent	l	Y	7. Name and	Address of New R			···········	
-				Name			-			
RESNICK, ERROL B 1947 ELKHORN CT				Street Address (P.O. Box Number is Not Acceptable)						
LONGWOOD, FL 32750							•			
,				City				Zip Cod		
				·			FL	`		
	named entity submits this statement ions of registered agent.	for the purpose of changing	its register	ed office or regist	ered agent, or bot	h, in the State of Flo	orida. I am fa	miliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Registers	ed Agent signature requi	red when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					5.00 May Be		·			
10.	,	D DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE NAME	P RESNICK, ERROL B	☐ Delete	TITL NAM	ŀ				Change	Addition	
STREET ADDRESS				EET ADDRESS						
CITY-SI-ZIP	LONGWOOD, FL 32750			(-ST-ZIP						
TITLE		☐ Defete	TITL Naa					☐ Change	Addition	
NAME STREET ADDRESS				EET ADDRESS						
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THILE		☐ Delete	TITL					☐ Change	☐ Addition	
NAME STREET ADDRESS			NAM Str	EET ADDRESS						
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NAME STREET ADDRESS			NAA STR	ME EET ADORESS						
CITY-ST-ZIP				(-\$1-ZIP						
TITLE		☐ Delete	TITL	E				Change	Addition	
NAME STREET ADDRESS	:		NAA CTD							
STREET ADDRESS CITY-ST-ZIP	,			EET ADDRESS (-\$T-ZIP						
	certify that the information supplied w	ith this filing does not qualify	for the exe	emption stated in :	Section 119.07(3)(i), Florida Statutes.	I further certi	fy that the in	nformation	

12. I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 ex 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-05

(407) 468-1677

Daytime Phone #