

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000059879

1. Entity Name
H.A.S., INC.



Principal Place of Business
**2626 COLLEGE AVENUE, EAST
RUSKIN, FL 33570**

Mailing Address
**2626 COLLEGE AVENUE, EAST
RUSKIN, FL 33570**



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3199315	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STICKLE, RICHARD F
5003 BONITA DR
WIMAUNA, FL 33598**

**DO NOT WRITE
IN THIS SPACE**

6. 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 _____

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000058119
02/20/04-80017-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	STICKLE, HELEN
STREET ADDRESS	5003 BONITA DR
CITY-ST-ZIP	WMAMUMA, FL

TITLE	DP
NAME	STICKLE, RICHARD
STREET ADDRESS	5003 BONITA DR.
CITY-ST-ZIP	WIMAUMA, FL 33598

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Richard F. Stickle* President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-04
Date

813-641-1380
Daytime Phone #