2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000059879

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

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

01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3199315

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐ **$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

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 _____ Date

Signature, typed or printed name of registered agent and, if applicable, the office address of registered agent

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 Added to Fees

10. OFFICERS AND DIRECTORS

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

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01/21/05-80050-017 150.00

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12. I hereby 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 1-17-2005 813-641-1380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number