

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P95000097511

1. Entity Name  
R. HAAG & J. HAAG, INC.



**FILED  
Feb 28, 2007 8:00 am  
Secretary of State**

02-28-2007 90012 014 \*\*\*150.00

Principal Place of Business  
814 SOUTH FEDERAL HIGHWAY  
STUART, FL 34994

Mailing Address

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number  
59-2716066

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HAAG, JOYCE M  
7805 MEADOWLARK LN  
PORT SAINT LUCIE, FL 34952

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

**11.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE VP  
NAME GREEN, DAVID  
STREET ADDRESS 11020 128TH AVE  
CITY-ST-ZIP LARGO, FL 34648

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change  Addition

TITLE DST  
NAME HAAG, JOYCE M  
STREET ADDRESS 2066 SW SUNSET CIRCLE  
CITY-ST-ZIP PALM CITY, FL 34990

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change  Addition

7805 Meadowlark Ln.  
Port St Lucie Fl 34952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change  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: *Joyce M. Haag* Joyce M. HAAG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/07 772-341-0383  
Date Daytime Phone #