


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90425 027 \*\*\*150.00

<b>DOCUMENT # P97000002136</b>			
1. Entity Name <b>HAC BOYS, INC. Colonial</b>			
Principal Place of Business <b>924 W. COLONIAL DR ORLANDO FL 32804 US</b>		Mailing Address <b>924 W. COLONIAL DR ORLANDO FL 32804 US</b>	
2. Principal Place of Business <b>565 W. FAIRBANKS AVE</b>		3. Mailing Address <b>565 W. FAIRBANKS AVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>WINTER PARK, FL</b>		City & State <b>WINTER PARK FL</b>	
Zip <b>32789</b>	Country <b>USA</b>	Zip <b>32789</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>GRANVILLE, CHRISTOPHER E 924 W. COLONIAL DRIVE ORLANDO FL 32804</b>		7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) <b>565 W. FAIRBANKS AVE.</b> City <b>WINTER PARK</b> <b>FL</b> Zip Code <b>32789</b>	
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 <u><i>Christopher Granville</i></u> <b>CHRISTOPHER GRANVILLE</b> DATE <b>4-12-06</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>			
<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	



1st MOORE CR2E034 (10/05)

4. FEI Number **59-3423133** Applied For ☐ Not Applicable

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRANVILLE, THOMAS</b> <b>425 W. COLONIAL DRIVE, SUITES 104 AND 105</b> <b>ORLANDO FL 32804</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRANVILLE, CHRISTOPHER E</b> <b>425 W. COLONIAL DRIVE, SUITES 104 AND 105</b> <b>ORLANDO FL 32804</b> <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 Section 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: *Christopher Granville* **CHRISTOPHER GRANVILLE** DATE **4-12-06** DAYTIME PHONE # **407 478-3249**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR