

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000002136

1. Entity Name

HAC BOYS, INC.



Principal Place of Business

565 W FAIRBANKS AVE
WINTER PARK FL 32789
US

Mailing Address

565 W FAIRBANKS AVE
WINTER PARK FL 32789
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

59-3423133

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRANVILLE, CHRISTOPHER E
565 W FAIRBANKS AVE
WINTER PARK FL 32789

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 is printed or printed name of the signed agent. If applicable, the agent is the registered agent.

If not, Registered Agent is not required when not soliciting.

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME GRANVILLE, THOMAS
STREET ADDRESS 425 W. COLONIAL DRIVE, SUITES 104 AND 105
CITY-ST-ZIP ORLANDO FL 32804

TITLE D ☐ Delete
NAME GRANVILLE, CHRISTOPHER E
STREET ADDRESS 425 W. COLONIAL DRIVE, SUITES 104 AND 105
CITY-ST-ZIP ORLANDO FL 32804

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4-28-08

407 478-6269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

File

Page No. 1 of 2