

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000069244

1. Entity Name
HAZELL ENTERPRISES INC.



Principal Place of Business
2316 SUNNYSIDE PLACE
SARASOTA, FL 34239

Mailing Address
2316 SUNNYSIDE PLACE
SARASOTA, FL 34239

FILED
09 APR -6 AM 10: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03252009 No Chg-P CR2E034 (11/08)

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4. FEI Number
65-0793375

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCKAY, GRAHAM
2316 SUNNYSIDE PLACE
SARASOTA, FL 34239

**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

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, 2009 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MCKAY, GRAHAM
2316 SUNNYSIDE PLACE
SARASOTA, FL 34239

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100148825901
04/06/09--01050--010 **150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GRAHAM MCKAY

3/26/09
Date

941 957 4762
Daytime Phone #