

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90071 032 ***150.00

DOCUMENT # P97000091926

1. Entity Name
HAUN FINANCIAL CENTER OF NAPLES, INC.



Principal Place of Business

2681 AIRPORT RD S
C103
NAPLES, FL 34112

Mailing Address

2681 AIRPORT RD S
C103
NAPLES, FL 34112

2. Principal Place of Business

501 Goodlette Rd N
Suite, Apt. #, etc.
D-304

3. Mailing Address

501 Goodlette Rd N
Suite, Apt. #, etc.
D-304

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34102

Country

USA

Zip

34102

Country

USA

02242006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3476846

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAUN, JEANNE M
2681 AIRPORT RD S
STE C103
NAPLES, FL 34112

7. Name and Address of New Registered Agent

Name CATHERINE M. FOSTH CIA
Street Address (P.O. Box Number is Not Acceptable)
501 Goodlette Rd N.
D-304
City NAPLES FL Zip Code 34102

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HAUN, JEANNE M	
STREET ADDRESS	2681 AIRPORT RD S #C103	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAUN, MICHAEL N	
STREET ADDRESS	2681 AIRPORT RD S #C103	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUN, JEANNE	
STREET ADDRESS	4745 BONCREST DR. W.	
CITY-ST-ZIP	WILLIAMSVILLE, NY 14221-6334	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUN, MICHAEL N	
STREET ADDRESS	4745 BONCREST DR W	
CITY-ST-ZIP	WILLIAMSVILLE NY 14221-6334	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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

3/6/06

Date

Daytime Phone #