

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90042 017 \*\*\*150.00

DOCUMENT # P97000091926

1. Entity Name

HAUN FINANCIAL CENTER OF NAPLES, INC.



Principal Place of Business

501 GOODLETTE RD N  
D304  
NAPLES, FL 34112

Mailing Address

501 GOODLETTE RD N  
D304  
NAPLES, FL 34112

40021010



01302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

FOSTH, CATHERINE M CPA  
501 GOODLETTE RD N  
D304  
NAPLES, FL 34102

**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, 2007, Fee will be \$550.00.

9. Election Campaign Financing \$5.00 May Be  
Trust Fund Contribution ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME HAUN, JEANNE M  
STREET ADDRESS 4745 BON CREST DR W  
CITY-ST-ZIP WILLIAMSVILLE, NY 142216334

TITLE D  
NAME HAUN, MICHAEL N  
STREET ADDRESS 4745 BONCREST DR W  
CITY-ST-ZIP WILLIAMSVILLE, NY 142216334

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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

2/12/07 716-964-8874  
Date Daytime Phone #

Jeanne M. HAUN