2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000098322

1. Entity Name
THOMAS J. HAAS & ASSOC., INC.

Principal Place of Business	Mailing Address
4924 FIRST COAST HIGHWAY SUITE 11 AMELIA ISLAND, FL 32034	4924 FIRST COAST HIGHWAY SUITE 11 AMELIA ISLAND, FL 32034

DO NOT WRITE IN THIS SPACE

02062006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3494174
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HAAS, THOMAS
4924 FIRST COAST HWY
STE 11
AMELIA ISLAND, FL 32034

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] 2/23/06
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 Fee

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HAAS, THOMAS J
STREET ADDRESS	4924 FIRST COAST HIGHWAY STE 11
CITY-ST-ZIP	AMELIA ISLAND, FL 32034
TITLE	D
NAME	HAAS, JULIANNE M
STREET ADDRESS	4924 FIRST COAST HIGHWAY STE 11
CITY-ST-ZIP	AMELIA ISLAND, FL 32034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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] 2/23/06 904-321-0751
SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR Date Daytime Phone #