

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90176 046 ***150.00

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1. Entity Name
HAGMAN PROPERTIES, INC.

Principal Place of Business
21411 CARSON DR
LAND O LAKES, FL 34639 US

Mailing Address
PO BOX 443
LAND O LAKES, FL 34639 US

2. Principal Place of Business - No P.O. Box #
2956 Wentworth Way
Suite, Apt. #, etc.

3. Mailing Address
2956 Wentworth Way
Suite, Apt. #, etc.



04182008 Chg-P CR2E034 (12/06)

City & State
TARPON SPRINGS FL
Zip Country
34688 US

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TARPON SPRINGS FL
Zip Country
34688 US

4. FEI Number
59-3502764
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAGMAN, ROBERT G
21411 CARSON DR
LAND O LAKES, FL 34639

7. Name and Address of Registered Agent

Name
HAGMAN, Robert G.
Street Address (P.O. Box Number is Not Acceptable)
2956 Wentworth Way
City
TARPON SPRINGS FL
Zip Code
34688

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 Robert G. Hagman Robert G. HAGMAN 4-28-08
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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME SHAW, CAROL A
STREET ADDRESS 500 HADLEY DR
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE VP ☐ Delete
NAME HAGMAN, ROY E
STREET ADDRESS PO BOX 433
CITY-ST-ZIP LAND O LAKES, FL 34639

TITLE ST ☒ Delete
NAME HAGMAN, ROBERT G
STREET ADDRESS PO BOX 443
CITY-ST-ZIP LAND O LAKES, FL 34639

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 SHAW, CAROL A
STREET ADDRESS 1500 PARILLA Circle
CITY-ST-ZIP TRINITY, FL 34655

TITLE ☒ Change ☐ Addition
NAME HAGMAN, Robert G
STREET ADDRESS 2956 Wentworth Way
CITY-ST-ZIP TARPON SPRINGS, FL 34688

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
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: Robert Hagman Robert HAGMAN 4-28-08 722-939-1234
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #