

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90074 029 ***150.00

DOCUMENT # P98000080917

1. Entity Name

NAOMI HAZLEWOOD CORPORATION



Principal Place of Business

2376 SUN VALLEY CIR
WINTER PARK FL 32792
US

Mailing Address

524-20 ORANGE DR.
ALTAMONTE SPRINGS FL 32701



2. Principal Place of Business

3. Mailing Address

2376 SUN VALLEY CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WINTER PARK

Zip

Country

Zip

Country

32792

FLORIDA

4. FEI Number

59-3537020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAZLEWOOD, NAOMI
524-20 ORANGE DR.
ALTAMONTE SPRINGS FL

Name

SAME NAME

Street Address (P.O. Box Number is Not Acceptable)

2376 SUN VALLEY CIRCLE

City

WINTER PARK

FL

Zip Code

32792

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 terminating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HAZLEWOOD, NAOMI	
STREET ADDRESS	2376 SUN VALLEY CIR	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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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 Section 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:

Naomi Hazlewood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-07

407-336-8221

Date

Daytime Phone #