

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90385 020 ***150.00

DOCUMENT # P98000105313

1. Entity Name
H. A. JOINT PROPERTIES, INC.



Principal Place of Business
100 W. KENNEDY BLVD
STE 720
TAMPA, FL 33602

Mailing Address
100 W. KENNEDY BLVD
STE 720
TAMPA, FL 33602 US

4000100



01042006 Chg-P CR2E034 (11/05)

2. Principal Place of Business
9000 N. 18th St.

3. Mailing Address
9000 N. 18th St.

Suite, Apt. #, etc.
Suite A

Suite, Apt. #, etc.
Suite A

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33604

Country
USA

Zip
33604

Country
USA

4. FEI Number

59-3552874

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AZZARELLI, THOMAS J
100 W. KENNEDY BLVD
STE 720
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name

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

9000 N. 18th St. Suite A

Tampa

FL

Zip Code
33604

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]

Thomas J. Azzaelli

4/12/06

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 Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME AZZARELLI, THOMAS J
STREET ADDRESS 100 W KENNEDY 720
CITY- ST- ZIP TAMPA, FL 33602 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
STREET ADDRESS 9000 N. 18th St. Suite A
CITY- ST- ZIP Tampa, FL 33604 ☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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 as an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

Thomas J. Azzaelli

4/12/06 813 485-9569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #