2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

ANNUAL REPORT				Secretary of Sta			
DOCUMENT # P98000106655 1. Entity Name H.A. JOINT PROPERTIES II, INC.					e e e e e e e e e e e e e e e e e e e	Secreta	Hy OI SU
Principal Plac	e of Business	Mailing Address					t .
9000 N 18T		9000 N 18TH ST		•			;
STE A Tampa, FL (33604 US	STE A TAMPA, FL 33604 US		į			
IAIII A, IC S	33004 03	TAMFA, IL 33004 03					
,				01032008	No Chg-P	CR2E034 (1	1/05)
	O NOT WRITE	N THIS SPA	CF			O112E034 (,
, , ,		J_	4. FE: Number 59-355			Applied For Not Applicable	
		•			of Status Desired	□ \$8 .	75 Additional
4.	6. Name and Address of Current Reg	Internal Appear	1 1/2 1/2 1/2	o, Cortinoato	Or Otatus Desired	□ Fee i	Required
	G. Hame and Address of Cuffers Reg	istered Agent			and and an experience		
	LI, THOMAS J TH ST STE A		, , , , ,	DO	NOT W	RITE	
TAMPA, F			3				,.,
		•	Ĭ v	IN I	THIS SP	ACE	
						6	
8. The above the obligat	named entity submits this statement for the tions of registered agent.	a purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Flo	rida. I am famili	ar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and t	tto if analysis AIOTC, Decistant	d Agent signature required			DATE	
	organisms, types or pretentiums or registered agent and t	ne il applicable. (NOTE: negistere	ra våent ståuetne redarred	when (einstating)	- U00 0	00781629	
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		.00 May Be ed to Fees	01/15/0	18-80040-	018 150.00
10.	OFFICERS AND DIF	ECTORS			*		
TITLE NAME	DVST AZZARELLI, THOMAS		,				
STREET ADDRESS	9000 N 18TH ST STE A		,				
CITY-ST-ZIP	TAMPA, FL 33604						•
TITLE NAME							
STREET ADDRESS			7 81,	· · · · · ·		**.	
CITY-ST-ZIP	P. N. SPACE		1. 1. 3. 6	`			
TITLE				.,,,,			والشاوي عبوب
STREET ADDRESS			1. S. C.	* DA	NOT W	DITE	
CITY-ST-ZIP			· .	DO	NOT W	KIIE	
TITLE NAME				IN .	THIS SF	ACE	
STREET ADDRESS		·					
CITY-ST-ZIP		mangan e ar v	e – ngar silingan je ne wasannyake – n	چکنه کاریس د.		Es dimer de la comment	
TITLE				• •	y **	•	
STREET ADDRESS			•	ı	•		•
CITY-ST-ZIP	1 14	29 8 (1 27 m)		:			•
TITLE	2 4 12 harr	1 600			* **		,
NAME .	1 10 1 2 4 6 000 F AT 000 45 W W WATON F		4	۲	•		,
CITY-ST-ZIP			A Stranger	i			
12. I hereby	certify that the information supplied with thi	s filing does not qualify for the ex-	emptions contained	d'in Chanter 110	Florida Statutos I	further certify th	at the information
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated	certify that the information supplied with thi on this report or supplemental report is tru proration or the receiver or trustee empowe, or on an attachment with an address with	e anu accurate and mai my siona	ture soali nave toe :	same legal elleg	n as it made linder d	ath that I am ar	Officer or direct

1)10 08