

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # S42671

1. Entity Name
A-1 REALTY DESIGN, INC.



FILED
06 JUL 14 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
13454 TWIN DOLPHIN DR
BROOKSVILLE, FL 34609 US

Mailing Address
13454 TWIN DOLPHIN DR
BROOKSVILLE, FL 34609 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07112006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
59-3057622

Applied For
Not Applicable

Zip

Country

Zip

Country

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

HAHN, BARBARA G.
13468 TWIN DOLPHIN DR
BROOKSVILLE, FL 34609

Name

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

City

FL

Zip Code

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 reinstating)

DATE

Amended AR is \$61.25

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
NAME PSTC
STREET ADDRESS HAHN, BARBARA G.
CITY-ST-ZIP 13468 TWIN DOLPHIN DR
BROOKSVILLE, FL ☐ Delete

TITLE
NAME JEREMY T. HAY ☐ Change ☒ Addition
STREET ADDRESS 13468 TWIN DOLPHIN DR.
CITY-ST-ZIP BROOKSVILLE, FL 34609

TITLE
NAME VD
STREET ADDRESS HAHN, JEFFEREY S
CITY-ST-ZIP 13468 TWIN DOLPHIN DRIVE
BROOKSVILLE, FL 34609 ☒ Delete

TITLE
NAME JASON W. HAHN ☐ Change ☒ Addition
STREET ADDRESS 7807 MORIAN AVE
CITY-ST-ZIP BROOKSVILLE, FL 34613

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE:

Barbara G. Hahn Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BARBARA G. HAHN PRESIDENT

7/11/06

Date

352-596-7400

Daytime Phone #