

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90008 043 ***150.00

DOCUMENT # S42671

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



Principal Place of Business

**13454 TWIN DOLPHIN DR
BROOKSVILLE, FL 34609 US**

Mailing Address

**13454 TWIN DOLPHIN DR
BROOKSVILLE, FL 34609 US**

40025782



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3057622

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HAHN, BARBARA G.
13468 TWIN DOLPHIN DR
BROOKSVILLE, FL 34609** *7577 DINSMORE ST.
34613*

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSTC
HAHN, BARBARA G
13468 TWIN DOLPHIN DR
BROOKSVILLE, FL 34613** *7577 DINSMORE ST.*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
HAY, JEREMY T
13468 TWIN DOLPHIN DR
BROOKSVILLE, FL 34609** *7577 DINSMORE ST.
34613*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HAHN, JASON W
7807 MORIAH AVE
BROOKSVILLE, FL 34613**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA G. HAHN PRESIDENT 2/20/07

Date

Daytime Phone #

*352-
596-7400*