

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03660

**Entity Name:** HANGAIRE, INC.

**Current Principal Place of Business:**

226 NORTH AMELIA AVE.  
DELAND, FL 32724

**Current Mailing Address:**

226 NORTH AMELIA AVE.  
DELAND, FL 32724 US

**FEI Number:** 59-2042850

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BONE, MARSHALL BJR  
226 NORTH AMELIA AVE.  
DELAND, FL 32724 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PSTD  
Name BONE, MARSHALL BJR  
Address 226 NORTH AMELIA AVE.  
City-State-Zip: DELAND FL 32724

Title DST  
Name BONE, MARSHALL BJR  
Address 226 NORTH AMELIA AVE.  
City-State-Zip: DELAND FL 32724

Title VP  
Name BONE, RAYNELLE G  
Address 226 NORTH AMELIA AVE.  
City-State-Zip: DELAND FL 32724

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARSHALL BONE

PRESIDENT

01/07/2020

Electronic Signature of Signing Officer/Director Detail

Date