


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2006 08:00 AM**  
**Secretary of State**

|   |                                    |                |   |   |    |
|---|------------------------------------|----------------|---|---|----|
| <b>DOCUMENT # 631689</b>  |                                    |                |   |  |    |
| <b>1. Entity Name</b><br>H.A.F., INC.   |                                    |                |   |   |    |
| <b>Principal Place of Business</b><br>660 W. PIERCE ST.<br>P.O. BOX 1287<br>LAKE ALFRED FL 33850  |                                    |                | <b>Mailing Address</b><br>660 W. PIERCE ST.<br>P.O. BOX 1287<br>LAKE ALFRED FL 33850  |   |    |
| <b>2. Principal Place of Business</b>   |                                    |                | <b>3. Mailing Address</b>   |   |    |
| Suite, Apt. #, etc.   |                                    |                | Suite, Apt. #, etc.   |   |    |
| City & State  |                                    |                | City & State  |   |    |
| Zip   |                                    | Country        |   | Zip   |    |
| Country   |                                    | Country        |   | Country   |    |
| <b>4. FEI Number</b><br>59-1942172  |                                    |                |   | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable   |    |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |                                    |                |   | <b>\$8.75 Additional Fee Required</b>   |    |
| <b>6. Name and Address of Current Registered Agent</b>  |                                    |                | <b>7. Name and Address of New Registered Agent</b>  |   |    |
| HAMILTON, ROBERT J., JR.<br>660 W. PIERCE STREET<br>LAKE ALFRED FL 33850  |                                    |                | Name  |   |    |
|   |                                    |                | Street Address (P.O. Box Number is Not Acceptable)  |   |    |
|   |                                    |                | City  |   | FL |
| <b>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</b> |                                    |                |   |   |    |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and ldo # applicable (NOTE- Registered Agent signature required when reinstating)</small>   |                                    |                |   |   |    |
| <b>FILE NOW!!! FEE IS \$150.00</b><br>After May 1, 2006 Fee Will Be \$550.00<br>Make Check Payable to Florida Department of State   |                                    |                | <b>9. Election Campaign Financing</b> <b>\$5.00</b> May Be<br>Trust Fund Contribution. <input type="checkbox"/> Added to Fees |   |    |
| <b>10. OFFICERS AND DIRECTORS</b>   |                                    |                | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |    |
| TITLE   | PD <input type="checkbox"/> Delete | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |    |
| NAME  | HAMILTON, ROBERT J JR              | NAME           |   |   |    |
| STREET ADDRESS  | 660 W. PIERCE STREET               | STREET ADDRESS |   |   |    |
| CITY-ST-ZIP   | LAKE ALFRED FL                     | CITY-ST-ZIP    |   |   |    |
| TITLE   | <input type="checkbox"/> Delete    | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |    |
| NAME  |                                    | NAME           |   |   |    |
| STREET ADDRESS  |                                    | STREET ADDRESS |   |   |    |
| CITY-ST-ZIP   |                                    | CITY-ST-ZIP    |   |   |    |
| TITLE   | <input type="checkbox"/> Delete    | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |    |
| NAME  |                                    | NAME           |   |   |    |
| STREET ADDRESS  |                                    | STREET ADDRESS |   |   |    |
| CITY-ST-ZIP   |                                    | CITY-ST-ZIP    |   |   |    |
| TITLE   | <input type="checkbox"/> Delete    | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |    |
| NAME  |                                    | NAME           |   |   |    |
| STREET ADDRESS  |                                    | STREET ADDRESS |   |   |    |
| CITY-ST-ZIP   |                                    | CITY-ST-ZIP    |   |   |    |
| TITLE   | <input type="checkbox"/> Delete    | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |    |
| NAME  |                                    | NAME           |   |   |    |
| STREET ADDRESS  |                                    | STREET ADDRESS |   |   |    |
| CITY-ST-ZIP   |                                    | CITY-ST-ZIP    |   |   |    |



1st MOORE CR2E034 (10/05)

4. FEI Number 59-1942172

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

HAMILTON, ROBERT J., JR.  
660 W. PIERCE STREET  
LAKE ALFRED FL 33850

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees

000001459938  
03/10/06 00052-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Robert J. Hamilton Jr.* ROBERT J HAMILTON JR MAR 2, 2006