


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jan 12, 2007 08:00 AM  
Secretary of State**

DOCUMENT # J75233  
1. Entity Name  
HAAG, HAAG & FRIEDRICH, P.A.



Principal Place of Business  
452 PLEASANT GROVE RD  
INVERNESS, FL 34452

Mailing Address  
452 PLEASANT GROVE RD  
INVERNESS, FL 34452

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2802472

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
HAAG, JEANNETTE M  
452 PLEASANT GROVE ROAD  
INVERNESS, FL 32652

**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 \_\_\_\_\_ (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	D
NAME	HAAG, JEANNETTE M
STREET ADDRESS	452 PLEASANT GROVE ROAD
CITY - ST - ZIP	INVERNESS, FL 34452
TITLE	D
NAME	HAAG, LARRY M
STREET ADDRESS	452 PLEASANT GROVE ROAD
CITY - ST - ZIP	INVERNESS, FL 34452
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000584444  
01/12/07-80037-012 150.00

**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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/07  
Date

352  
726-0901  
Daytime Phone #