

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000049870

1. Entity Name
 HAAS AND CASTILLO, P.A.



Principal Place of Business 19321-C US HWY 19 N SUITE 401 CLEARWATER, FL 33764 US	Mailing Address 19321-C US HWY 19 N SUITE 401 CLEARWATER, FL 33764 US
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01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3192211	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CASTILLO, MARCUS A
 19321-C US HWY 19 N
 SUITE 401
 CLEARWATER, FL 33764

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, 2005 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	D CASTILLO, MARCUS A 19321-C US HWY 19 N, SUITE 401 CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAAS, LEE L 19321-C US HWY 19 N, SUITE 401 CLEARWATER, FL 33764
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 01/31/05-80054-018 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ (727) 535-4544
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #