# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000062459

1. Entity Name
HACKL ENTERPRISES, INC.

**FILED**
**May 01, 2006 08:00 AM**
**Secretary of State**

Principal Place of Business
P.O BOX 32053
NORTH PALM BEACH, FL 33420 US

Mailing Address
P.O BOX 32053
NORTH PALM BEACH, FL 33420 US

04202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
65-0516462
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HACKL, CRAIG M
13003 TIDEWATER CIR
JUPITER, FL 33458

**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, 2006 Fee will be $550.00**

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

100000154029
05/11/06-80022-004 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | HACKL, CRAIG M |
| STREET ADDRESS | 18003 TIDEWATER CIR |
| CITY-ST-ZIP | JUPITER, FL 33458 |
| TITLE | |
| NAME | |
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| 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:** _____ 4/28/06 561 747 229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #