


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90093 006 ***150.00

DOCUMENT # P99000067750

1. Entity Name
HAAS SITE CONTRACTORS, INC.



Principal Place of Business
**122 HIDEAWAY BAY DR.
 DESTIN FL 32550**

Mailing Address
**P.O. BOX 6459
 DESTIN FL 32550**

2. Principal Place of Business
75 Commercial Pkwy.


3. Mailing Address
P.O. Box 6459

Suite, Apt. #, etc.

City & State
Santa Rosa Beach, FL. Destin, FL.

Zip
32459 32550

Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent

**HAAS, BRITT
 122 HIDEAWAY BAY DR.
 DESTIN FL 32550**

4. FEI Number **59-3592431** Applied For Not Applicable

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

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

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 *Britt Haas* DATE **3-8-05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete	NAME HAAS, BRITT	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 122 HIDEAWAY BAY DR.	CITY-ST-ZIP DESTIN FL 32550	NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE VST <input type="checkbox"/> Delete	NAME HAAS, JENNIFER	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 122 HIDEAWAY BAY DR.	CITY-ST-ZIP DESTIN FL 32550	NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	

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: *Britt Haas* DATE **3-8-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #