2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90009 029 ***150.00

DOCUMENT # P01000081889

1. Entity Name
AL HAINES, INC.

Principal Place of Business
5541 NATAMA DR
FORT MYERS, FL 33919

Mailing Address
5541 NATAMA DR
FORT MYERS, FL 33919

2. Principal Place of Business - No P.O. Box #
845 Bayshore Drive
Suite, Apt #, etc

3. Mailing Address
845 Bayshore Drive
Suite, Apt #, etc

03052007 Chg-P CR2E034 (12/06)

City & State: Englewood, FL
Zip: 34223 Country:

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Zip: 34223 Country:

4. FEI Number: 65-1134392 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MATLAND, RUDOLPH K
12995 S CLEVELAND AVE STE 107
FT MYERS, FL 33907

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 _____
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, 2007 Fee will be $550.00

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	PSD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	HAINES, BARBARA	NAME	
STREET ADDRESS	~~5541 NATOMA DR~~	STREET ADDRESS	845 Bayshore Drive
CITY-ST-ZIP	~~FT MYERS, FL 33919~~	CITY-ST-ZIP	Englewood, FL 34223
TITLE	VTD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	HAINES, ALFRED J	NAME	
STREET ADDRESS	~~5541 NATOMA DR~~	STREET ADDRESS	845 Bayshore Drive
CITY-ST-ZIP	~~FT MYERS, FL 33919~~	CITY-ST-ZIP	Englewood, FL 34223
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STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Alfred J Haines 3-5-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #