

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004 08:00 AM
Secretary of State

DOCUMENT # 278664

1. Entity Name
HAINES CITY INDUSTRIES, INC.



Principal Place of Business
**1306 MELBOURNE AVENUE
HAINES CITY, FL 33844**

Mailing Address
**1306 MELBOURNE AVENUE
HAINES CITY, FL 33844**



01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1034735

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COMBEE, WILLIAM B
3251 HAM BROWN ROAD
KISSIMMEE, FL 32741**

**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 (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
**PD
COMBEE, WILLIAM B
1306 MELBOURNE AVE
HAINES CITY, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MC TEER, FREDRICK L.
1306 MELBOURNE AVE
HAINES CITY, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MC TEER, MARY JANE
1306 MELBOURNE AVE
HAINES CITY, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1100000044782
02/11/04-80035-024 150.00

**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)(f), 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

William B. Combee
William B. Combee

2/4/04 863-422-3096
Date Daytime Phone #