

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 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**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number **59-1034735** Applied For ☐ Not Applied ☐

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**

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 add the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fee

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Add
NAME	COMBEE, WILLIAM B		NAME		
STREET ADDRESS	1306 MELBOURNE AVE		STREET ADDRESS		
CITY- ST- ZIP	HAINES CITY FL		CITY- ST- ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Add
NAME	MCTEER, FREDRICK L.		NAME		
STREET ADDRESS	1306 MELBOURNE AVE		STREET ADDRESS		
CITY- ST- ZIP	HAINES CITY FL		CITY- ST- ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Add
NAME	MCTEER, MARY JANE		NAME		
STREET ADDRESS	1306 MELBOURNE AVE		STREET ADDRESS		
CITY- ST- ZIP	HAINES CITY FL		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Add
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 Section 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: *Fred McTeer* **FRED MCTEER** 3/29/06 863-422-3096