


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 289599</b> 1. Entity Name CXVI EAST HAINES CORPORATION	
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Principal Place of Business 121 N. COLLINS STREET P.O. BOX 789 PLANT CITY, FL 33564	Mailing Address 121 N. COLLINS STREET P.O. BOX 789 PLANT CITY, FL 33564
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**DO NOT WRITE IN THIS SPACE**



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1154374	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRINKLE, ROBERT S  
121 N. COLLINS STREET  
PLANT CITY, FL 34289

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MAYS JR, JAMES A 114 E HAINES ST PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MAYS, KIRK E 114 E HAINES ST PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TRINKLE, ROBERT S 121 N. COLLINS STREET PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TRINKLE, ROBERT S. 121 N. COLLINS STREET PLANT CITY, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000349354  
05/02/05-80061-024 150.00

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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] Date: April 27/05 (813) 257-6038  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #