

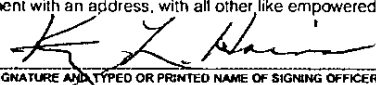


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90123 022 \*\*\*158.75

<b>DOCUMENT # 373323</b> 1. Entity Name <b>HAINES REFRIGERATION AND AIR CONDITIONING, INC.</b>					
Principal Place of Business <b>3963 BONITA BEACH RD. S.W. PO BOX 2729 BONITA SPRINGS, FL 34133 US</b>			Mailing Address <b>3963 BONITA BEACH RD. S.W. PO BOX 2729 BONITA SPRINGS, FL 34133 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1307330</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HAINES, T HARVEY 27027 IMPERIAL ST. S.E. BONITA SPRINGS, FL 34135</b>			Name <b>KATHRYN L. HAINES</b> Street Address (P.O. Box Number is Not Acceptable) <b>25187 PAPILLION DR.</b> City <b>BONITA SPGS</b> FL Zip Code <b>34135</b>		
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  <b>KATHRYN L. HAINES</b> Corp Sec. T. Harvey Haines 01/17/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing.)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>HAINES, T HARVEY</b> <b>IMPERIAL ST</b> <b>BONITA SPRINGS, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>HAINES, KATHRYN L.</b> <b>25187 PAPILLION DR</b> <b>BONITA SPRINGS, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>MCBIRNEY, SUSAN L</b> <b>143 FLAME VINE DR.</b> <b>NAPLES, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>HAINES, THOMAS</b> <b>6680 EASTWOOD ACRES RD</b> <b>FORT MYERS, FL 33905</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  <b>KATHRYN L. HAINES</b> 01/17/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



01052006 Chg-P CR2E034 (11/05)

Applied For  
Not Applicable

FL Zip Code  
34135

☐ \$5.00 May Be Added to Fees

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition