

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 373323**

1. Entity Name  
**HAINES REFRIGERATION AND AIR CONDITIONING, INC.**



Principal Place of Business  
**3963 BONITA BEACH RD. S.W.  
PO BOX 2729  
BONITA SPRINGS, FL 34133 US**

Mailing Address  
**3963 BONITA BEACH RD. S.W.  
PO BOX 2729  
BONITA SPRINGS, FL 34133 US**



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1307330**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HAINES, KATHRYN L  
25787 PAPILLION DR  
BONITA SPRINGS, FL 34135**

**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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*01/23/07*  
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**

TITLE PD  
NAME HAINES, HARVEY T  
STREET ADDRESS 7269 E. HORSE HAMMOCK RD  
CITY-ST-ZIP AVON PARK, FL 33825

TITLE S  
NAME HAINES, KATHRYN L.  
STREET ADDRESS 25187 PAPILLION DR  
CITY-ST-ZIP BONITA SPRINGS, FL

TITLE T  
NAME MCBIRNEY, SUSAN L  
STREET ADDRESS 143 FLAME VINE DR.  
CITY-ST-ZIP NAPLES, FL

TITLE V  
NAME HAINES, THOMAS  
STREET ADDRESS 6680 EASTWOOD ACRES RD  
CITY-ST-ZIP FORT MYERS, FL 33905

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000603047  
01/26/07-80115-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KATHRYN L. HAINES**

*01/23/07*  
Date

*239-992-1551*  
Daytime Phone #