

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 A
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**



01082008 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
HAINES, HARVEY T
7269 E. HORSE HAMMOCK RD
AVON PARK, FL 33825**

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHRYN L. HAINES

01/08/08 239-992-1551

Date

Daytime Phone #