2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# 373323

Entity Name: HAINES REFRIGERATION AND AIR CONDITIONING, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

3963 BONITA BEACH RD. S.W.
BONITA SPRINGS, FL 34133 US

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1307330 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HAINES, HARVEY T
Address: 7269 E. HORSE HAMMOCK RD
City-St-Zip: AVON PARK, FL 33825

Title: S ( ) Delete
Name: HAINES, KATHRYN L.
Address: 25187 PAPILLION DR
City-St-Zip: BONITA SPRINGS, FL

Title: T ( ) Delete
Name: MCBIRNEY, SUSAN L,
Address: 143 FLAME VINE DR.
City-St-Zip: NAPLES, FL

Title: V ( ) Delete
Name: HAINES, THOMAS
Address: 6680 EASTWOOD ACRES RD
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: HAINES, KATHRYN L.
Address: 25187 PAPILLION DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: T (X) Change ( ) Addition
Name: MCBIRNEY, SUSAN L,
Address: 143 FLAME VINE DR.
City-St-Zip: NAPLES, FL 34110

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN L HAINES S 01/09/2009

Electronic Signature of Signing Officer or Director Date