

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 373323

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** HAINES FAMILY GROUP, INC.

**Current Principal Place of Business:**

3963 BONITA BEACH RD. S.W.  
BONITA SPRINGS, FL 34134 US

**New Principal Place of Business:**

**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

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: SUSAN L MCBIRNEY

T

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date