


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 386657 1. Entity Name HAINES CITY AUTO SUPPLY INC.	
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Principal Place of Business 905 INGRAHAM AVE HAINES CITY, FL 33844 US	Mailing Address 905 INGRAHAM AVE HAINES CITY, FL 33844 US
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1356665	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAYES, LAWRENCE R
905 INGRAHAM AVE.
HAINES, FL 33844

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAYES, LAWRENCE R 3300 E PRYOR RD HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAYES, GORDON D USA AAD BUILDING 154 FORT IRWIN, CA 92310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MAYES, SARETA L 3300 E PRYOR RD HAINES CITY, FL 33844
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/02/05-80030-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Lawrence R Mayes President 3-11-05 863-422-4957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #