


2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 386657</b>	
1. Entity Name <b>HAINES CITY AUTO SUPPLY INC.</b>	

Principal Place of Business <b>905 INGRAHAM AVE HAINES CITY, FL 33844 US</b>	Mailing Address <b>905 INGRAHAM AVE HAINES CITY, FL 33844 US</b>
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01272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1356665</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MAYES, LAWRENCE R 905 INGRAHAM AVE. HAINES, FL 33844</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000474532 04/04/06-80027-013 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MAYES, LAWRENCE R 3300 E PRYOR RD HAINES CITY, FL 33844</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MAYES, GORDON D USA AAD BUILDING 154 FORT IRWIN, CA 92310</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST MAYES, SARETA L 3300 E PRYOR RD HAINES CITY, FL 33844</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** *Lawrence R. Mayes* **Lawrence R. Mayes** **1-27-06** **863-422-4957**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**President**