


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 570098
1. Entity Name
HAINES CITY FIRE EXTINGUISHER SERVICE, INC.



Principal Place of Business 3491 EAST HINSON AVE. P. O. BOX 425 HAINES CITY, FL 33844	Mailing Address 3491 EAST HINSON AVE. P. O. BOX 425 HAINES CITY, FL 33844
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04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1853422	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
**WILLIS, MICHAEL R.
3491 E. HINSON AVE.
HAINES CITY, FL 33844**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**

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 WILLIS, MICHAEL R. 3491 E. HINSON AVE. HAINES CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIS, RANDOLPH #4 SPENCER SHORES HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIS, DONNA 3491 E. HINSON AVE. HAINES CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIS, CAROLINE #4 SPENCER SHORES HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/29/04-80055-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(f), 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] Date: 4/27/04 Daytime Phone #: 863-422-1516
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR