


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90092 039 ***150.00

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
**P O BOX 1699
 WINTER HAVEN, FL 33882**

40053784



2. Principal Place of Business
5860 S. R. 544
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04072006 Chg-P CR2E034 (11/05)

City & State
Winter Haven, FL

City & State

4. FEI Number
59-1853422

Applied For
 Not Applicable

Zip
33881

Country
USA

Zip


Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WILLIS, MICHAEL R.
 3491 E. HINSON AVE.
 HAINES CITY, FL 33844**

7. Name and Address of New Registered Agent
 Name
Michael R. Willis
 Street Address (P.O. Box Number is Not Acceptable)
180 Old Spanish Way
 City
Winter Haven **FL** Zip Code
33884

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:  **Michael R. Willis** 4/10/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	VD WILLIS, RANDOLPH #4 SPENCER SHORES HAINES CITY, FL 33844 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	SD WILLIS, DONNA 3491 E. HINSON AVE. HAINES CITY, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	TD WILLIS, CAROLINE #4 SPENCER SHORES HAINES CITY, FL 33844 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	President Michael R. Willis 180 Old Spanish Way Winter Haven, FL 33884 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	Secretary/Treasurer Donna Willis 180 Old Spanish Way Winter Haven, FL 33884 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, 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:  **Michael R. Willis** 4/10/06 863-422-1516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR