

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 570098

FILED  
Mar 29, 2012  
Secretary of State

**Entity Name:** HAINES CITY FIRE EXTINGUISHER SERVICE, INC.

**Current Principal Place of Business:**

5860 S.R 544  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1699  
WINTER HAVEN, FL 33882

**New Mailing Address:**

FEI Number: 59-1853422      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLIS, MICHAEL R.  
180 OLD SPANISH WAY  
WINTER HAVEN, FL 33884      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: CEO  
Name: WILLIS, MICHAEL R.  
Address: 180 OLD SPANISH WAY  
City-St-Zip: WINTER HAVEN, FL 33884

Title: P  
Name: WILLIS, DONNA  
Address: 180 OLD SPANISH WAY  
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP  
Name: WILLIS II, MICHAEL R  
Address: 209 FRENCHMANS CREEK WAY  
City-St-Zip: WINTER HAVEN, FL 33884

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: MICHAEL R. WILLIS

CEO

03/29/2012

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

\_\_\_\_\_ Date