## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F08000000198

Entity Name: HASKINS ENTERPRISES, INC.

FILED Oct 10, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

4750 VALLEY VIEW BLVD., SUITE 30 12031 PANAMA CITY BEACH PARKWAY ROANOKE, VA 24012

PANAMA CITY BEACH, FL 32407

**Current Mailing Address: New Mailing Address:** 

4750 VALLEY VIEW BLVD., SUITE 30 3155 BOB COX ROAD ROANOKE, VA 24012 MARIETTA, GA 30064

FEI Number: 54-2008773 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

WEBSTER, JUDY L WEBSTER, JUDY L 232 GRAND ISLAND BLVD. 230 GRANDE ISLAND BLVD US PANAMA CITY BCH, FL 32407 US PANAMA CITY BCH, FL 32407

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: JUDY L. WEBSTER 10/10/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

WEBSTER, JUDY L WEBSTER, JUDY L Name: Name: 8709 E. LYNCHBURG SALEM TURNPIKE Address: 230 GRANDE ISLAND BLVD Address: City-St-Zip: GOODE, VA 24556 City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: Title: () Delete () Change () Addition Name: WEBSTER, BEVERLY E Name:

8709 E. LYNCHBURG SALEM TURNPIKE Address: Address: GOODE, VA 24556 City-St-Zip: City-St-Zip:

( ) Delete Title: Title: VCVS VCVS (X) Change ( ) Addition

HASKINS, RUSELL A Name: HASKINS, RUSELL A Name: 202 GRAY WINDS LANE 3155 BOB COX ROAD Address: Address: City-St-Zip: WINTERGREEN, VA 22958 City-St-Zip: MARIETTA, GA 30064

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JUDY L. WEBSTER PC 10/10/2009