2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90226 044 ***150.00

DOCUMENT # F76601

1. Entity Name
JOHN S. HAILE AND COMPANY CPA'S, P.A.

Principal Place of Business	Mailing Address
C/O HAILE & HAILE, C.P.A.'S 719 LAKE CLAY DR., SOUTH LAKE PLACID, FL 33852	C/O HAILE & HAILE, C.P.A.'S 719 LAKE CLAY DR., SOUTH LAKE PLACID, FL 33852

03312008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
220 Dal Hall Blvd	220 Dal Hall Blvd
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Lake Placid, FL 33852	City & State: Lake Placid, FL 33852
Zip: 33852 Country: USA	Zip: 33852 Country: USA

4. FEI Number: 59-2144477 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAILE, JOHN 719 LAKE CLAY DR., SOUTH LAKE PLACID, FL 33852	Name: John Haile Street Address (P.O. Box Number is Not Acceptable): 220 Dal Hall Blvd. City: Lake Placid FL Zip Code: 33852

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: [signature] 4-30-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD HAILE, JOHN S 719 LAKE CLAY DR., SOUTH LAKE PLACID, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Haile, John S. VP 220 Dal Hall Blvd. Lake Placid, FL 33852	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Haile, Jenifer L. P/S/D 1535 Buck Street Lake Placid, FL 33852	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 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] 4-30-08 863/465-1940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #