


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90196 045 \*\*\*150.00

|  |  |                                 |   |   |  |
|--|--|---------------------------------|---|---|--|
| <b>DOCUMENT # H16865</b><br>1. Entity Name<br><b>JOHN HAILE, P.A.</b>  |  |                                 |   |    |  |
| Principal Place of Business<br><b>220 DAL HALL BLVD</b><br><b>LAKE PLACID, FL 33852 US</b>   |  |                                 | Mailing Address<br><b>220 DAL HALL BLVD</b><br><b>LAKE PLACID, FL 33852 US</b>                                      |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  |                                 | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.  |  |                                 | Suite, Apt. #, etc.   |   |  |
| City & State   |  |                                 | City & State  |   |  |
| Zip  | Country  | Zip                             | Country   | 4. FEI Number<br><b>59-2514780</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |                                 |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HAILE, JOHN S.</b><br><b>719 LAKE CLAY DR., S.</b><br><b>LAKE PLACID, FL 33852</b>   |  |                                 |   | 7. Name and Address of New Registered Agent<br>Name<br><b>John S. Haile</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>220 Dal Hall Blvd.</b><br>City<br><b>Lake Placid</b> <b>FL</b> <b>33852</b> |  |
| 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.<br>SIGNATURE: <u><i>John S. Haile</i></u> (NOTE: Registered Agent signature required when re-registering) <span style="float: right;">DATE: <u>2-1-08</u></span>   |  |                                 |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>  |  |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PSD<br><b>HAILE, JOHN S.</b><br><b>719 LAKE CLAY DR.S.</b><br><b>LAKE PLACID, FL</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P D</b><br><b>John S. Haile</b><br><b>220 Dal Hall Blvd.</b><br><b>Lake Placid, FL 33852</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>Jenifer L. Haile</b><br><b>1535 Buck Street</b><br><b>Lake Placid, FL 33852</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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 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: <u><i>John S. Haile</i></u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |                                 |   | DATE: <u>2-1-08</u>   |  |