


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J03814		
1. Entity Name HANEY'S SMOKEHOUSE, INC.		

Principal Place of Business 13101 N CLEVELAND AVE. N. FT. MYERS, FL 33903 US	Mailing Address 13101 N CLEVELAND AVE. N. FT. MYERS, FL 33903 US
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2. Principal Place of Business - No P.O. Box # 8951 Daniels Parkway	3. Mailing Address 13180 N Cleveland Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 318

City & State Fort Myers, FL	City & State N. Ft. Myers, FL
Zip 33912	Zip 33903
Country US	Country US

08102007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent HANEY, ENNEIS M 13101 N. CLEVELAND AVE. N. FT. MYERS, FL 33903		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13180 N. Cleveland Ave Suite 318 City N. Ft. Myers FL Zip 33903	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES HANEY, ENNEIS M 13101 N. CLEVELAND AVE. NO FT. MYERS, FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13180 N. Cleveland Ave. Suite 318 N. Ft. Myers, FL 33903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800 1 1060388 10/10/07--01055--006 **158.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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: *Ennis Haney* 10/1/07 239-656-0240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

2007 OCT 10 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10/12/07