## 2005 FOR PROFIT CORPORATION

## **FILED** Jan 18, 2005 08:00 AM

	ANNUAL	. REPORI		Secre	tary of State
1. Entity Na	JMENT # K55217 me YNES FAMILY CITRUS, INC.	: 			iary or state
Principal Pla	ace of Business	Mailing Address		-	
2801 SNYE	L JIM HAYNES DER ROAD 'L 33870-9117	P.O. BOX 1931 SEBRING, FL 33871-193	1		FRANCIS MARIE MONTE MONTE MONTRANA TERNAS
		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01132005 Chg-P Cl	R2E034 (10/03)
City & St	ate _	City & State		4. FEI Number 59-2922288	Applied For Not Applicable
Ζīρ	Country	Zip	Country	5. Certificate of Status Desired	<b>CO 75</b> Automost
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registe	
HAYNES, MICHAEL JIM			Name		
2801 SNYDER ROAD SEBRING, FL 33872		<del>-</del>	Street Address	(P.O. Box Number is Not Acceptable)	
•			City		Zip Code
8. The above	e named entity submits this statement for atlans of registered agent.	the purpose of changing its reg	istered office or register	red agent, or both, in the State of Florida.	I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Reg	jistoroa Agent signature require	I when roidstating)	ATE
	E NOW!!! FEE IS \$150.00 (ay 1, 2005 Fee will be \$550.0	9. Election Campaign F Trust Fund Contribut		.00 May Be led to Fees	
10.	- OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11
me	DP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME CYDEST ADDRESS	HAYNES, BETTY JOAN		NAME		
STREET ADDRESS CITY-ST-ZIP	210 E. LAKE DR. BLVD. SEBRING, FL	- 45	STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	D HAYNES, MELODY ANNE	☐ Delete	TITLE NAME	/	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	210 E. LAKE DR. BLVD. SEBRING, FL		STREET ADDRESS CFTY-ST-ZIP	01/19/05-800	564 73-015 150.00
TITLE	DV	☐ Delete	TIFLE		☐ Change ☐ Addition
NAME STREET ADDRESS	HAYNES, MICHAEL JIM P.O. BOX 1931		NAME		į
STREET ADDRESS CITY-ST-ZIP	SEBRING, FL 338711931		STREET ADCRESS CITY-ST-ZIP		
IIILE	DST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HAYNES, SUSAN J.	-	NAME		
STREET ADDRESS CITY-ST-ZIP	2801 SNYDER ROAD SEBRING, FL		STREET ADDRESS CITY-ST-ZIP		
TITLE	D		nne		☐ Change ☐ Addition
NAME STREET ADDRESS	HAYNES, BILLY JOE 165 S.W. 21D		NAME STREET ADDRESS		
CITY-ST-ZIP	ARCHER, FL		CITY-ST-ZIP		
TITLE			TIPLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME Street address			NAME STREET ANNOGES		
CITY-ST-ZIP			STREET ADDRESS City-St-Zip		
12 I barobu e	certify that the information supplied with the on this report or supplemental report is to provide on the resolver of the teachers.	nie filling doog not qualify for the		-0 140 07/0\f\ F-44- 0t-4 15 db.	andifuthat the information