2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State
03-08-2006 90186 019 ***150.00

DOCUMENT # K55217

1. Entity Name

JIM HAYNES FAMILY CITRUS, INC.

Principal Place of Business	Mailing Address
% MICHAEL JIM HAYNES 2801 SNYDER ROAD SEBRING FL 33870-9117	P.O. BOX 1931 SEBRING FL 33871-1931

DDUUUUJU

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
Street, Apt. #, etc. P.O. Box 1931	Suite, Apt. #, etc.
City & State Sebring FL	City & State
Zip 33871-1931 Country Highlands	Zip Country

4. FEI Number 59-2922288 ☐ 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
HAYNES, MICHAEL JIM 2801 SNYDER ROAD SEBRING FL 33872	Name HAYNES, MICHAEL JIM Street Address (P.O. Box Number is Not Acceptable) 222 LAKE DR. BLVD. City Sebring FL Zip Code 33875

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 Same Agent - Different ADDRESS
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, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HAYNES, BETTY JOAN 210 E. LAKE DR. BLVD. SEBRING FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTS HAYNES, BETTY JOAN 222 LAKE DR BLVD. Sebring FL 33875	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAYNES, MELODY ANNE 210 E. LAKE DR. BLVD. SEBRING FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Same 222 LAKE DR. BLVD. Sebring, FL 33875	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HAYNES, MICHAEL JIM P.O. BOX 1931 SEBRING FL 33871-1931	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST HAYNES, SUSAN J. 2801 SNYDER ROAD SEBRING FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Assistant~~ D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAYNES, BILLY JOE 165 S.W. 21D ARCHER FL	☐ 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 Section 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] 2/25/06 863-381-2781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #