

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90184 001 ***150.00

03-07-2007 90184 002 *****8.75

DOCUMENT # K55217

1. Entity Name

JIM HAYNES FAMILY CITRUS, INC.



Principal Place of Business

% MICHAEL JIM HAYNES

P.O. BOX 1932

SEBRING, FL 33871-1931

Mailing Address

P.O. BOX 1931

SEBRING, FL 33871-1931

66004194



2. Principal Place of Business - No P.O. Box #

3734 E. Reading Dr.

Suite, Apt. #, etc.

AVON PARK

City & State

FLORIDA

Zip

33825

Country

U.S.A.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

03042007

Chg-P

CR2E034 (12/06)

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

HAYNES, MICHAEL JIM

222 LAKE DR BLVD

SEBRING, FL 33875

7. Name and Address of New Registered Agent

Name HAYNES, MICHAEL JIM

Street Address (P.O. Box Number is Not Acceptable)

3734 E Reading Dr.

City AVON PARK

FL

Zip Code

33825

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

Mike Haynes

Signature, typed or printed name of registered agent and title applicable.

(NOTE: Registered Agent signature required when reinstating)

3/7/07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME HAYNES, BETTY JOAN
STREET ADDRESS 222 LAKE DR BLVD
CITY-ST-ZIP SEBRING, FL 33875 ☐ Delete

TITLE D
NAME HAYNES, MELODY ANNE
STREET ADDRESS 222 LAKE DR BLVD
CITY-ST-ZIP SEBRING, FL 33875 ☐ Delete

TITLE DV
NAME HAYNES, MICHAEL JIM
STREET ADDRESS P.O. BOX 1931
CITY-ST-ZIP SEBRING, FL 338711931 ☐ Delete

TITLE D
NAME HAYNES, SUSAN J.
STREET ADDRESS 2801 SNYDER ROAD
CITY-ST-ZIP SEBRING, FL ☒ Delete

TITLE D
NAME HAYNES, BILLY JOE
STREET ADDRESS 165 S.W. 21D
CITY-ST-ZIP ARCHER, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D, P, S ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D, T ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Haynes, Billy Joe ☒ Change ☐ Addition
NAME 9520 S.W. 126th St.
STREET ADDRESS ARCHER, FL 32618
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Mike Haynes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/07

Date

863
381-2781

Daytime Phone #