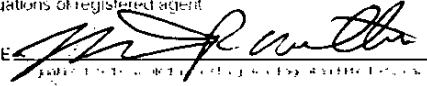
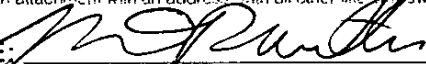


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90092 009 ***150.00

DOCUMENT # M74312 1. Entity Name HAINES CITY FIRE AND SECURITY SERVICE, INC.					
Principal Place of Business 3491 E. HINSON AVENUE P.O. BOX 425 HAINES CITY, FL 33844			Mailing Address P O BOX 1699 WINTER HAVEN, FL 33882		
2. Principal Place of Business 5860 S.R. 544 Suite, Apt. # etc.		3. Mailing Address Suite, Apt. # etc.			
City & State Winter Haven, FL		City & State Zip 33881 Country USA		4. FEI Number 59-2864211	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent WILLIS, MICHAEL R. 3491 EAST HINSON AVENUE HAINES CITY, FL 33844			7. Name and Address of New Registered Agent Name Michael R. Willis Street Address (P.O. Box Number is Not Acceptable) 180 Old Spanish Way City Winter Haven FL Zip Code 33884		
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  Michael R. Willis 4/10/06					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 WILLIS, MICHAEL R. 3491 E. HINSON AVE HAINES CITY, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	President Michael R. Willis 180 Old Spanish Way Winter Haven, FL 33884	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	DS WILLIS, DONNA JO 3491 E. HINSON AVE HAINES CITY, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Secretary / Treasurer Donna Jo Willis 180 Old Spanish Way Winter Haven, FL 33884	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	DV WILLIS, RUSSELL R. #4 SPENCER SHORES HAINES CITY, FL 33844	☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	DT WILLIS, CAROLINE H. #4 SPENCER SHORES HAINES CITY, FL 33844	☒ 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	
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 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 information.					
SIGNATURE:  Michael R. Willis 4/10/06 863-422-1516					