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	Mailing Address
3491 E. HINSON AVENUE P.O. BOX 425 HAINES CITY, FL 33844	P O BOX 1699 WINTER HAVEN, FL 33882

04072006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
5860 S.R. 544	
Suite, Apt. # etc.	Suite, Apt. # etc.
City & State: Winter Haven, FL	City & State
Zip: 33881 Country: USA	Zip Country

4. FEI Number: 59-2864211 ☐ 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
WILLIS, MICAHEL R. 3491 EAST HINSON AVENUE HAINES CITY, FL 33844	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: [signature] Michael R. Willis 4/10/06
(Typed or printed name of registered agent) (Date)

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 empowered.

SIGNATURE: [signature] Michael R. Willis 4/10/06 863-422-1516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)