

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008588

Entity Name: HAYNES SERVICES, INC.

FILED
Mar 29, 2004
Secretary of State**Current Principal Place of Business:**8052 N. 56TH ST.
TAMPA, FL 33617**New Principal Place of Business:****Current Mailing Address:**8052 N. 56TH ST.
TAMPA, FL 33617**New Mailing Address:**

FEI Number: 59-3067448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:HAYNES, JEFFREY
8052 N. 56TH ST.
TAMPA, FL 33617**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: DP () Delete
Name: HAYNES, JEFFREY
Address: 8052 N. 56TH ST.
City-St-Zip: TAMPA, FL 33617Title: DV () Delete
Name: RASHEED, BARBARA
Address: 8052 N. 56TH ST.
City-St-Zip: TAMPA, FL 33617Title: DT () Delete
Name: RASHEED, HOWARD
Address: 8052 N. 56TH ST.
City-St-Zip: TAMPA, FL 33617Title: D () Delete
Name: FORWARD, THOMAS
Address: 8052 N. 56TH ST.
City-St-Zip: TAMPA, FL 33617Title: D () Delete
Name: WINTONS, FELICIA
Address: 8052 N. 56TH ST.
City-St-Zip: TAMPA, FL 33617Title: D () Delete
Name: GIBBONS, JOHN
Address: 8052 N. 56TH STREET
City-St-Zip: TAMPA, FL 33617**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFERY HAYNES

DP

03/29/2004

Electronic Signature of Signing Officer or Director

Date