2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005
Secretary of State

DOCUMENT# N01000008588

Entity Name: HAYNES SERVICES, INC.

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 US

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 33617	
Title:	DV	( ) Delete
Name:	RASHEED, BARBARA	
Address:	8052 N. 56TH ST.	
City-St-Zip:	TAMPA, FL 33617	
Title:	DT	( ) Delete
Name:	RASHEED, HOWARD	
Address:	8052 N. 56TH ST.	
City-St-Zip:	TAMPA, FL 33617	
Title:	D	( ) Delete
Name:	FORWARD, THOMAS	
Address:	8052 N. 56TH ST.	
City-St-Zip:	TAMPA, FL 33617	
Title:	D	( ) Delete
Name:	WINTONS, FELICIA	
Address:	8052 N. 56TH ST.	
City-St-Zip:	TAMPA, FL 33617	
Title:	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:	DT	(X) Change ( ) Addition
Name:	RASHEED, BARBARA	
Address:	8052 N. 56TH ST.	
City-St-Zip:	TAMPA, FL 33617	
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: KAREN SAMUELS D 01/13/2005

Electronic Signature of Signing Officer or Director — Date