

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007257

FILED
Jan 04, 2007
Secretary of State

Entity Name: HASKINS GROUP, INC.

Current Principal Place of Business:

15225 TECHNOLOGY DR.
BROOKSVILLE, FL 34604

New Principal Place of Business:

Current Mailing Address:

15225 TECHNOLOGY DR.
BROOKSVILLE, FL 34604

New Mailing Address:

FEI Number: 20-3100606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLANDER, JEFFREY
152258 TECHNOLOGY DR.
BROOKSVILLE, FL 34604 US

Name and Address of New Registered Agent:

HOLLANDER, JEFFREY
15225 TECHNOLOGY DR.
BROOKSVILLE, FL 34604 US

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: JEFFREY HOLLANDER

01/04/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: HOLLANDER, JEFFREY
Address: PO BOX 15268
City-St-Zip: BROOKSVILLE, FL 34604

Title: D () Delete
Name: MORRISON, JJ
Address: 12093 LUXENBOURG COURT
City-St-Zip: SPRING HILL, FL 34609

Title: D () Delete
Name: STANINA, JAMES E
Address: P.O. BOX 6150
City-St-Zip: SPRING HILL, FL 34611

Title: D () Delete
Name: CONKLIN, VICTORIA
Address: P.O. BOX 6150
City-St-Zip: SPRING HILL, FL 34611

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JEFFREY HOLLANDER

PSD

01/04/2007

Electronic Signature of Signing Officer or Director

Date