

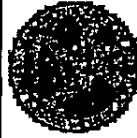
**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000007257

1. Entity Name

HASKINS GROUP, INC.



Principal Place of Business

15225 TECHNOLOGY DR.
BROOKSVILLE, FL 34604

Mailing Address

15225 TECHNOLOGY DR.
BROOKSVILLE, FL 34604



01042008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

20-3100606

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLLANDER, JEFFREY
15225 TECHNOLOGY DR.
BROOKSVILLE, FL 34604

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000775262
01/08/08-80022-007 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
HOLLANDER, JEFFREY
PO BOX 15268
BROOKSVILLE, FL 34604

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MORRISON, JJ
12093 LUXENBOURG COURT
SPRING HILL, FL 34609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STANINA, JAMES E
P.O. BOX 6150
SPRING HILL, FL 34611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CONKLIN, VICTORIA
P.O. BOX 6150
SPRING HILL, FL 34611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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:

Jeffrey Hollander
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-05-08 352-797-5380