

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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|---|--|--|---|--|--|
| DOCUMENT # N07000004303 | | | | | |
| 1. Entity Name MAINES HAMLET POA, INC. | | | | | |
| Principal Place of Business 550 NW 170 CT DUNNELLO, FL 34432 | | | Mailing Address 550 NW 170 CT DUNNELLO, FL 34432 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent POST, WILLIAM A ESQ 20702 W PENNSYLVANIA AVE DUNNELLO, FL 34431 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE D NAME MAINES, CARL D STREET ADDRESS 17050 W HWY 328 CITY-ST-ZIP DUNNELLO, FL 34432 | <input checked="" type="checkbox"/> Delete | | TITLE D NAME Elizabeth Dalton Paronett STREET ADDRESS 550 N.W. 170 FL CT CITY-ST-ZIP Dunnettton . FL. 34432 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D NAME MAINES, ANJANETTE STREET ADDRESS 17050 W HWY 328 CITY-ST-ZIP DUNNELLO, FL 34432 | <input checked="" type="checkbox"/> Delete | | TITLE D NAME APRIL ESTRADA STREET ADDRESS 21080 S.W. 93RD LANE Rd CITY-ST-ZIP Dunnettton . FL. 34431 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D NAME POST, WILLIAM A STREET ADDRESS 20702 W PENNSYLVANIA AVE CITY-ST-ZIP DUNNELLO, FL 34431 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 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: <i>Elizabeth Dalton Paronett</i> 5-8-07 352-489-0637 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

FILED

2007 MAY 10 P 12: 24

SECRETARY OF STATE



05012007 Chg-NP CR2E037 (12/06)

4. FEI Number ☐ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

05/02/06--60371--011 **145.00

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05/02/06--60371--011 **145.00

DATE