


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 25, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000003676 1. Entity Name HAINES CITY RATTLERS INC.	
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Principal Place of Business 2218 N. NAVAL CIRCLE HAINES CITY, FL 33844	Mailing Address 2218 N. NAVAL CIRCLE HAINES CITY, FL 33844
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DO NOT WRITE IN THIS SPACE



07052007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WEST, MORRIS
1003 RONLIN STREET
HAINES CITY, FL 33844**

**DO NOT WRITE
IN THIS SPACE**

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 September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000770414 07/25/07-80002-011 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEST, HORACE 1103 N. 21ST ST HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RAGGS, BUSTER 2122 NAVAL CIRCLE HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEST, MORRIS 1003 RONLIN ST HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SPILLMAN, MELLISSCIA 206 NELSON ST APT D HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SPILLMAN, DERRICK 206 NELSON ST APT D HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Morris West **7-5-07 863 421 3636**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #