

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003676

FILED
Jan 26, 2009
Secretary of State

Entity Name: HAINES CITY RATTLERS INC.

Current Principal Place of Business:

2122 NAVEL CIRCLE
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

PO BOX 1372
HAINES CITY, FL 33844

New Mailing Address:

2122 NAVEL CIRCLE
HAINES CITY, FL 33844

FEI Number: 59-3571600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAGGS, BUSTER SR
2122 NAVEL CIRCLE
HAINES CITY, FL 33844 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: DS () Delete
Name: TURNER, CONSTANCE
Address: 2104 LOWERY AVE
City-St-Zip: HAINES CITY, FL 33844

Title: PD () Delete
Name: RAGGS, BUSTER
Address: 2122 NAVEL CIRCLE
City-St-Zip: HAINES CITY, FL 33844

Title: AD () Delete
Name: TURNER, HARRITON
Address: 2104 LOWERY AVE
City-St-Zip: HAINES CITY, FL 33844

Title: DS () Delete
Name: SPILLMAN, MELLISSCIA
Address: 209 HAMILTON BLVD
City-St-Zip: LAKE HAMILTON, FL 33851

Title: DVP () Delete
Name: SPILLMAN, DERRICK
Address: 209 HAMILTON BLVD
City-St-Zip: LAKE HAMILTON, FL 33851

Title: DS () Delete
Name: DAVIS, DEBRA
Address: 224 LOBELIA DRIVE
City-St-Zip: DAVENPORT, FL 33837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: RAGGS, BUSTER SR
Address: 2122 NAVEL CIRCLE
City-St-Zip: HAINES CITY, FL 33844

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 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: BUSTER RAGGS

PD

01/26/2009

Electronic Signature of Signing Officer or Director

Date