


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000058417</b>	
1. Entity Name HAIMES COLEMAN GROUP, INC.	

Principal Place of Business 4980 SW 52ND STREET #122 DAVIE, FL 33314	Mailing Address 321 MALLARD RD. WESTON, FL 33327
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  HCRM CORP. 2200 CORPORATE BLVD. NW, STE. 401 BOCA RATON, FL 33431
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAIMES, CHARLIE 321 MALLARD RD WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V COLEMAN, DAVID 9912 MAJESTIC WAY BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/15/06-80029-007 150.00

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with or other like empowered.

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>1/29/06</u>	Daytime Phone # <u>954-797-8668</u>
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