

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000081889	
1. Entity Name AL HAINES, INC.	

Principal Place of Business 12995 S CLEVELAND AVE STE 107 FT MYERS, FL 33907	Mailing Address 12995 S CLEVELAND AVE STE 107 FT MYERS, FL 33907
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DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent MATLAND, RUDOLPH K 12995 S CLEVELAND AVE STE 107 FT MYERS, FL 33907	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HAINES, BARBARA 5541 NATOMA DR FT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HAINES, ALFRED J 5541 NATOMA DR FT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 exemption stated in Section 119.07(3)(i), 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 all other like empowered

SIGNATURE: *Alfred J Haines VP* **2-18-04** **239 8254324**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #