2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P03000091335 01-22-2007 90099 034 ***150.00 K.G. HAYNES CONSTRUCTION, INC. 3051 Principal Place of Business Mailing Address Sebring, Fl 3051 LAKEVIEW DR PO BOX-4043 40004341 SEBRING, FL 33871 SEBRING, FL 33870 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-0137171 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAYNES, Kraneth G. HAYNES, KENNETH G Street Address (P.O. Box Number is Not Acceptable) 2533 NW LAKEVIEW DR 3051 LAKEVIEW DR. SEBRING, FL 33870 SEBRING, Fl. 33870 Zip Code FL 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE D Delete TITLE ∠ ☐ Change Haynes, Kennett G. 3051 Lakeview Dr. ☐ Addition HAYNES, KENNETH G NAME NAME STREET ADDRESS P O BOX 4043 STREET ADDRESS 33870 sebring, CITY-ST-ZIP SEBRING, FL 33870 CITY-ST-7P D. TITLE Detete Change IIILE ■ Addition HAYNES, JOYCE C NAME NAME STREET ADDRESS P O BOX 4043 STREET ADDRESS 33870 CITY-ST-ZP SEBRING, FL 33870 CITY-ST-ZIP mle ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P MLE ☐ Delete TITLE ☐ Change ■ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TTRE □ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 all other like empowered.

FILED

Jan 22, 2007 8:00 am