


2007 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000088878	
1. Entity Name HAVIS HOME IMPROVEMENT, INC.	

Principal Place of Business 8620 SHRECK ROAD BARTOW, FL 33830	Mailing Address 8620 SHRECK ROAD BARTOW, FL 33830
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DO NOT WRITE IN THIS SPACE



05072007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1197358	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAVIS, CHARLES 8620 SHRECK ROAD BARTOW, FL 33830	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAVIS, CHARLES 8620 SHRECK ROAD BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAVIS, HEATHER 8620 SHRECK ROAD BARTOW, FL 33830
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09/11/07-80003-024 150.00

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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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #