

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 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



05012008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1197358

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

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)

U00000947282

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

06/02/08-80008-003 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAVIS, CHARLES
STREET ADDRESS	8620 SHRECK ROAD
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	ST
NAME	HAVIS, HEATHER
STREET ADDRESS	8620 SHRECK ROAD
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:**

*Charles Havis* Charles Havis 5-1-08 863-287-4147

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #