


FILED
Apr 09, 2007 8:00 am
Secretary of State

3/

03-27-2007 90009 003 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000096413 1. Entity Name HAYNES FUEL INJECTION CORPORATION	
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Principal Place of Business 3581 MERCANTILE AVE NAPLES, FL 34104	Mailing Address 3581 MERCANTILE AVE NAPLES, FL 34104
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66008563



DO NOT WRITE IN THIS SPACE

03192007 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0816648	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CLARY, MARY BETH M ESQ PORTER, WRIGHT, MORRIS & ARTHUR LLP 5801 PELICAN BAY BLVD - STE 300 NAPLES, FL 34108-2709
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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:  3/28/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DIXON, LAURA 3581 MERCANTILE AVE NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIXON, JAMES 3581 MERCANTILE AVE NAPLES, FL 34104
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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 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:  4-3-07 239-436-1569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Devere Phone