2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State
02-02-2007 90010 026 ***150.00

DOCUMENT # P06000013028

1. Entity Name
FRIENDS OF HAYSTACKS, INC.

Principal Place of Business	Mailing Address
325 SW 12TH AVE OCALA FL 34474	325 SW 12TH AVE OCALA FL 34474

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-4152114 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LANE, JOE B JR 325 SW 12TH AVE OCALA FL 34474	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 Joe Brown Lane Jr. / Joe Brown Lane Jr. (Pres) 1/29/07
(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
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LANE, JOE B JR 325 SW 12TH AVE OCALA FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MCFATTEN, DARRELL L 2845 NW 157TH PLACE CITRA FL 32113	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Miller Gadson 325 S.W. 12th Ave Ocala, Fla. 34474 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ALLEN, PERNELL M 850 NW 52ND AVE OCALA FL 34482	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Thomas A. Lyons 621 NW 2nd St. Ocala, Fla. 34475 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HIGH, ARTHUR J SR. 248 NW 16TH AVE. OCALA FL 34470	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Renaldo Montgomery 909 N.E 3rd St Ocala FL 34474 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MCCRAY, TONNY L 2061 NW 4TH ST., APT. 1 OCALA FL 34475	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Pres. Joe Brown Lane, Sr. / Joe Brown Lane Jr. 1/29/07 (352) 732-7794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #