


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000013028	
1. Entity Name FRIENDS OF HAYSTACKS, INC.	

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

1st MOORE CR2E034 (10/07)	
4. FEI Number 20-4152114	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 LANE, JOE B JR 325 SW 12TH AVE OCALA FL 34474	
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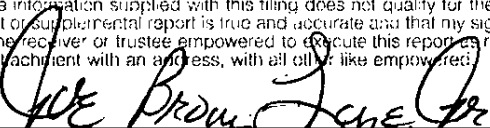
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ <small>Signature, typed or printed name of registered agent and state if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when constituting)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	P
STREET ADDRESS	LANE, JOE B JR
CITY-ST-ZIP	325 SW 12TH AVE OCALA FL 34474
TITLE	<input type="checkbox"/> Delete
NAME	VP
STREET ADDRESS	RICHARDS, RANDOLPH JR.
CITY-ST-ZIP	325 SW 12TH AVE. OCALA FL 34474
TITLE	<input type="checkbox"/> Delete
NAME	VP
STREET ADDRESS	MORANT, JAVARIUS
CITY-ST-ZIP	325 SW 12TH AVE. OCALA FL 34471
TITLE	<input type="checkbox"/> Delete
NAME	VP
STREET ADDRESS	LANE, JERMINE
CITY-ST-ZIP	325 SW 12TH AVE. OCALA FL 34471
TITLE	<input type="checkbox"/> Delete
NAME	V
STREET ADDRESS	MCCRAY, TONNY L
CITY-ST-ZIP	2061 NW 4TH ST., APT. 1 OCALA FL 34475
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: 	Date: 1/31/08 035217327794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	