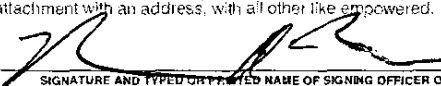


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90483 002 ***150.00

DOCUMENT # P93000085856 1. Entity Name HAINES HOME MAINTENANCE, INC.					
Principal Place of Business 2525 PAKWY ST FT MYERS, FL 33901 US			Mailing Address 2525 PKWY ST FY MYERS, FL 33901 US		
2. Principal Place of Business 1431 Coconut Dr. Suite, Apt. #, etc.		3. Mailing Address 1431 Coconut Dr. Suite, Apt. #, etc.			
City & State FL Myers FL		City & State FL Myers FL		4. FEI Number 65-0467597	
Zip 33901		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEIST, H. ANTHONY 1661 ESTERO BLVD SUITE 20 FT MYERS, FL 33932				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 _____ DATE _____ Signature, typed or printed name of registered agent and FEI if applicable. (NOTE: Registered Agent signature is required when filing this statement.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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	D HAINES, BRUCE 1431 COCONUT DR FORT MYERS, FL 33901	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAINES, HOLLY 1431 COCONUT DR FORT MYERS, FL 33901	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  4/21/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					