## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P96000030799

1. Entity Name HAVERHILL HOUSING, INC.



Principal Place of Business

Mailing Address

247 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714

247 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714

## FILED Apr 29, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

03182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3371246

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FILDES, RICHARD J 215 N EOLA DRIVE ORLANDO, FL 32801

## 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   |  |  |  |                                |   |  |  |  |  |  |  |
|   | E NOW!!! FEE IS \$150.00<br>ay 1, 2008 Fee will be \$550.00                          | Election Campaign Financing     Trust Fund Contribution. |  | \$5.00 May Be<br>Added to Fees | 000000931428<br>U5/22/U8-80014-015 150.00 |  |  |  |  |  |  |
| 10.   | OFFICERS AND DIRECT  | TORS   |  |                                |   |  |  |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP   | P/D<br>PICERNE, ROBERT A<br>247 NORTH WESTMONTE DRIVE<br>ALTAMONTE SPRINGS, FL 32714 |  |  |                                |   |  |  |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | VST<br>HEFLINGER, JAN<br>247 NORTH WESTMONTE DRIVE<br>ALTAMONTE SPRINGS, FL 32714    |  |  |                                |   |  |  |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>HALEY, RICHARD<br>247 NORTH WESTMONTE DRIVE<br>ALTAMONTE SPRINGS, FL 32714     |  |  | DO                             | NOT WRITE                                 |  |  |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |  | IN <sup>2</sup>                | THIS SPACE                                |  |  |  |  |  |  |
| TITLE   |  |  |  |                                |   |  |  |  |  |  |  |

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 eath; 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.

Jan Heflinger

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|   |        |   |   |    |   |   |   |

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/08

(407) 772-0200

Daytime Phone #