

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000052377

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: HAINES CITY PROPERTIES, INC.

## Current Principal Place of Business:

12475 WEST COLONIAL DRIVE  
WINTER GARDEN, FL 34787

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 784106  
WINTER GARDEN, FL 34778

## New Mailing Address:

6036 FALCON RIDGE PLACE  
MT. DORA, FL 32757

FEI Number: 59-3517102

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PAPPAS, PETER C  
225 E. ROBINSON ST., SUITE 540  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BURNS, JOHN W  
Address: 12475 W. COLONIAL DR.  
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete  
Name: CROUSE, CARL  
Address: 12475 W. COLONIAL DR.  
City-St-Zip: WINTER GARDEN, FL 34787

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CROUSE, CARL  
Address: 6036 FALCON RIDGE PLACE  
City-St-Zip: MT. DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL CROUSE

D

04/30/2005

Electronic Signature of Signing Officer or Director

Date