


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90033 010 ***150.00

DOCUMENT # P99000029956

1. Entity Name
HAINES CONTRACTING, INC.



Principal Place of Business Mailing Address

4320 BARQUERO COURT, EAST **4320 BARQUERO COURT, EAST**
JACKSONVILLE, FL 32217 **JACKSONVILLE, FL 32217**

64041491

2. Principal Place of Business 3. Mailing Address

16 Marbella Ct **16 Marbella Ct**

Suite, Apt. #, etc. Suite, Apt. #, etc.



03172004 Chg-P CR2E034 (10/03)

City & State City & State

Palm Coast, FL **Palm Coast FL**

Zip Country Zip Country

32137 **Flagler** **32137** **Flagler**

4. FEI Number Applied For

59-3563752 Not Applicable

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

6. Name and Address of Current Registered Agent

HAINES, ROBERT L
4320 BARQUERO COURT, EAST
JACKSONVILLE, FL 32217

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 (if applicable) (NOTE: Registered Agent signature required when re-registering)

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	HAINES, ROBERT L	4320 BARQUERO COURT, EAST	JACKSONVILLE, FL 32217	<input type="checkbox"/>
VP	WILLIAMS, CECIL	8711 NEWTON RD # 207	JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/>
V	HAGANS, GEORGE	4320 BARQUERO COURT, EAST	JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert L Haines Date: 4-12-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #