

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2006 08:00 AM
Secretary of State

DOCUMENT # S83677

1. Entity Name
GUINN HASKINS & ASSOCIATES, INC.



Principal Place of Business
PO BOX 507
WOODVILLE, FL 32362-0507 US

Mailing Address
P. O. BOX 599
WOODVILLE, FL 32362-0599 US



05022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3094555

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HASKINS, GUINN
414 BOB MILLER RD.
CRAWFORDVILLE, FL 32362

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

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	P. HASKINS, GUINN 414 BOB MILLER RD. CRAWFORDVILLE, FL 32326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JACKMAN, SHERRI P.O. BOX 1005 N/A WOODVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/16/06-80001-008 550.00

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IN THIS SPACE**

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 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:

Sherris Jackman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-14-06

Date

Daytime Phone #