

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 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**

DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

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**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000911022
05/07/08-80024-010 150.00

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	VP SMITH, AMY ROYAL OAKS CRAWFORDVILLE, FL 32362
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HASKINS, LADY 414 BOB MILLER RD CRAWFORDVILLE, FL 32362
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:

Lady Haskins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-08

Date

850-926-8224

Daytime Phone #