

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S83677

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: GUINN HASKINS & ASSOCIATES, INC.

## Current Principal Place of Business:

PO BOX 507  
WOODVILLE, FL 323620507 US

## New Principal Place of Business:

9 RAINBOW DR  
CRAWFORDVILLE, FL 32327 US

## Current Mailing Address:

P. O. BOX 599  
WOODVILLE, FL 323620599 US

## New Mailing Address:

FEI Number: 59-3094555      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HASKINS, GUINN  
414 BOB MILLER RD.  
CRAWFORDVILLE, FL 32362 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: P ( ) Delete  
Name: HASKINS, GUINN  
Address: 414 BOB MILLER RD.  
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: VP ( ) Delete  
Name: SMITH, AMY  
Address: ROYAL OAKS  
City-St-Zip: CRAWFORDVILLE, FL 32362

Title: ST ( ) Delete  
Name: HASKINS, LADY  
Address: 414 BOB MILLER RD  
City-St-Zip: CRAWFORDVILLE, FL 32362

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GUINN HASKINS

P

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date