

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S83677

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** GUINN HASKINS & ASSOCIATES, INC.

**Current Principal Place of Business:**

9 RAINBOW DR  
CRAWFORDVILLE, FL 32327 US

**New Principal Place of Business:**

**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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HASKINS, GUINN  
Address: 414 BOB MILLER RD.  
City-St-Zip: CRAWFORDVILLE, FL 32326

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

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

I hereby 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 all other like empowered.

SIGNATURE: LADY HASKINS

SEC

01/09/2012

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

\_\_\_\_\_  
Date