

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # V28167

1. Entity Name

HANEY & DAUGHTERS, INC.



Principal Place of Business

1962 ROLLING GREEN CIR.
SARASOTA, FL 34240 US

Mailing Address

PO BOX 7985
SARASOTA, FL 34278



01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0339444

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, DONNA R.
7531 S LEEWYNN DR
SARASOTA, FL 34240

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	WILLIAMS, DONNA R.
STREET ADDRESS	7531 S LEEWYNN DR.
CITY-STATE-ZIP	SARASOTA, FL 34240
TITLE	VAS
NAME	THOMAS, DENISE L.
STREET ADDRESS	1962 ROLLING GREEN CIR.
CITY-STATE-ZIP	SARASOTA, FL 34240
TITLE	VT
NAME	THOMAS, JOHN E
STREET ADDRESS	1962 ROLLING GREEN CIR.
CITY-STATE-ZIP	SARASOTA, FL 34240
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

000000468441
03/23/06-80010-023 158.75

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Denise L. Thomas

V. Pres.

3/10/06

(941) 371-3459

Date

Daytime Phone #