

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 570098

**Entity Name:** HAINES CITY FIRE EXTINGUISHER SERVICE, INC.

**Current Principal Place of Business:**

5860 S.R 544  
WINTER HAVEN, FL 33881

**Current Mailing Address:**

P O BOX 1699  
WINTER HAVEN, FL 33882

**FEI Number:** 59-1853422

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WILLIS, MICHAEL R.  
180 OLD SPANISH WAY  
WINTER HAVEN, FL 33884 US

*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

**Officer/Director Detail :**

Title            CEO  
Name            WILLIS, MICHAEL R.  
Address        180 OLD SPANISH WAY  
City-State-Zip: WINTER HAVEN FL 33884

Title            P  
Name            WILLIS, DONNA  
Address        180 OLD SPANISH WAY  
City-State-Zip: WINTER HAVEN FL 33884

Title            VP  
Name            WILLIS II, MICHAEL R  
Address        111 CAMPBELL DRIVE  
City-State-Zip: WINTER HAVEN FL 33884

Title            VP  
Name            CURTIS, BRIDGET NICOLE  
Address        P O BOX 1699  
City-State-Zip: WINTER HAVEN FL 33882

Title            VP  
Name            STANEK, STEPHEN LOU  
Address        P O BOX 1699  
City-State-Zip: WINTER HAVEN FL 33882

Title            VP  
Name            MCCracken, ROGER DALE JR.  
Address        P O BOX 1699  
City-State-Zip: WINTER HAVEN FL 33882

*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:** BRIDGET CURTIS

VP

04/25/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date