2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 08, 2008 08:00 AM **Secretary of State** DOCUMENT # P05000062739 HAINES CITY COMMERCE PARK, INC. Principal Place of Business Mailing Address 116 B POLO PARK E BLVD 116 B POLO PARK E BLVD DAVENPORT, FL 33897 DAVENPORT, FL 33897 CR2E034 (11/05) 01102008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2888283 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KENNY, GARRETT 116 B POLO PARK E BLVD DAVENPORT, FL 33897 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 Fforida. I am familiar with, and accept the obligations of registered agent HONDOGSINSO SIGNATURE 02/19/08-8004-017 150.00 Signature, typed or printed name of registered agent and title if applicable (NOTE Registerer) Agent signalure required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME KENNY, GARRETT 116 B POLO PARK E BLVD STREET ADDRESS DAVENPORT, FL 33897 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY -ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP ШŒ NAME STREET ADDRESS City-St-7iP TITLE NAME

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 this 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:

STREET ADDRESS CITY-ST-ZIP

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED