## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 17, 2006 08:00 AM Secretary of State

	HOAL HEI ON
DOCUMENT # F01  1. Enitly Name  JACK L. HAYES INTERNA	A CONTRACTOR OF THE CONTRACTOR
Principal Place of Business	Mailing Address
4028 WILLIAMS STREET FRUITLAND PARK, FL 34731	4028 WILLIAMS STREET FRUITLAND PARK, FL 34731
	ಕು ಸಹತ್ವ ಕಾಗ್ಯಾಗಪ್ರತಿ ಕ್ರಾಮಿಸಿ ಎಂದು ಬೆಂದು



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

4. FEI Number | Applied For 14-1661235 | Not Applicable

5. Certificate of Status Desired

01112006

\$8.75 Additional Fee Required

CR2E034 (11/05)

HAYES, JACK L 4028 WILLIAMS STREET

FRUITLAND PARK, FL 34731

## DO NOT WRITE IN THIS SPACE

No Chg-P

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 little	reppicable. (NOTE, Registered	Agent signature	required when reinstating)	DATE	<del></del>	
	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Finan- Trust Fund Contribution.	cing 🖂	\$5.00 May Be Added to Fees	U00000387050 01/19/06-80022-023	3 150.00	
10. ITTLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT CD HAYES, JACK L 5920 SPINNAKER LOOP LADY LAKE, FL	OTORS					
TITLE NAME STREET ADDRESS CXTY-ST-ZIP	D HAYES, DARLENE G 5920 SPINNAKER LOOP LADY LAKE, FL	r Iva A					
TITLE NAME STREET ADDRESS CSTY-ST-21P			-	DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>.</u>		IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-				
TITLE NAME STREET ADDRESS CITY-SY-ZIP		n		, 3.5			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter (19, Florida Statutes, I further certify that the information							

indicated on this report or supplemental report is true and accurate and intermediate same logal 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: Action Mayer - DARLENE G. HAYES - 352-753-519
SIGNATURE AND TYPED OR PRINTED NAME OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OFFICER OR DIRECTOR