2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State
04-28-2006 90191 031 ***150.00

DOCUMENT # P03000139147

1. Entity Name
HAYSE HOMES INC.

Principal Place of Business	Mailing Address
5259 MYRTLE LANE NAPLES, FL 34113 US	5259 MYRTLE LANE NAPLES, FL 34113 US

02032006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
2732 WEEKS AVENUE	2732 WEEKS AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES, FL	City & State: NAPLES, FL
Zip: 34112 Country: US	Zip: 34112 Country: US

4. FEI Number 27-0072607 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAYSE, RICHARD A 5259 MYRTLE LANE NAPLES, FL 34113	Name: HAYSE, RICHARD A. Street Address (P.O. Box Number is Not Acceptable): 2732 WEEKS AVENUE City: NAPLES FL Zip Code: 34112

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HAYSE, RICHARD A 5259 MYRTLE LANE NAPLES, FL 34113	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HAYSE, RICHARD A. 2732 WEEKS AVENUE NAPLES, FL 34112	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KELLY, DEBRA A 5259 MYRTLE LANE NAPLES, FL 34113	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KELLY, DEBRA A. 2732 WEEKS AVENUE NAPLES, FL 34112	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] Richard A. HAYSE 4-26-06 239-430-2946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #