


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 202540 1. Entity Name HAYPIN, INC.	
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Principal Place of Business 1403 HWY. 98 WEST PERRY, FL 32347-4209	Mailing Address 2074 CENTRE POINTE BLVD. SUITE 100 TALLAHASSEE, FL 32308
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DO NOT WRITE IN THIS SPACE



02202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0953794	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WYLLIE, BART D
1403 HWY. 98 WEST
PERRY, FL 32347

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000258760 03/10/05-80055-012 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS WYLLIE, BART D 1403 HWY. 98 WEST PERRY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COX, PEGGY MAIN STREET GILBERTON, AL 36919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAVANDER, TOM 718 VICKSBURG DRIVE TUSCALOOSA, AL 35406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Bart D Wyllie 3/4/05 850.564.7884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #