

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90215 041 ***150.00

DOCUMENT # 319146

1. Entity Name

HAYCO INDUSTRIES, INC.

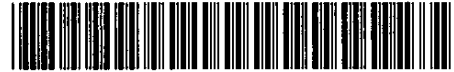


Principal Place of Business

3420 N.E. SUGARHILL AVE.
JENSEN BEACH FL 34957

Mailing Address

3420 N.E. SUGARHILL AVE.
JENSEN BEACH FL 34957



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

38-1871057

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

HAYDEN, AR
3420 NE SUGARHILL AVE
JENSEN BEACH FL 34957

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 S ☒ Delete
NAME HAYDEN, A R
STREET ADDRESS 3420 NE SUGARHILL AVE
CITY-ST-ZIP JENSEN BCH FL 34957

TITLE PRESIDENT ☐ Change ☐ Addition
NAME DONALD C. HAYDEN
STREET ADDRESS 3420 N.E. SUGARHILL AVE
CITY-ST-ZIP JENSEN BEACH, FL 34957

TITLE AS ☒ Delete
NAME HOWARD RICE
STREET ADDRESS 4605 SOUTH OCEAN BLVD., UNIT 7D
CITY-ST-ZIP HIGHLAND BEACH FL

TITLE VICE PRESIDENT ☐ Change ☐ Addition
NAME AGNES R. HAYDEN
STREET ADDRESS 3420 N.E. SUGARHILL AVE
CITY-ST-ZIP JENSEN BEACH, FL 34957

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SECRETARY ☐ Change ☐ Addition
NAME HOWARD T. RICE
STREET ADDRESS 451 ST. MARTIN BL
CITY-ST-ZIP HENDERSON NV, 89012

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Howard R. Rice, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/05
Date

702-4070372
Daytime Phone #