

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90142 030 ***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

40051071



02142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

HOWARD T. RICE
3420 NE SUGARHILL AVE
JENSEN BEACH, FL 34957

**DO NOT WRITE
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 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAYLEN, DONALD C
STREET ADDRESS	3420 NE SUGARHILL AVE
CITY-ST-ZIP	JENSEN BCH, FL 34957
TITLE	President
NAME	HAYLEN, AGNES R Hayden, Agnes R.
STREET ADDRESS	3420 NE SUGARHILL AVE
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	S
NAME	RICE, HOWARD
STREET ADDRESS	3420 NE Sugarhill Ave.
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/07

Date

501-360-9390

Daytime Phone #