


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 407851**  
 1. Entity Name  
 HAYNES, PETERS & BOND COMPANY, INC.



Principal Place of Business      Mailing Address  
 1049 MAY ST                              1049 MAY ST  
 JACKSONVILLE, FL 32204              JACKSONVILLE, FL 32204

**DO NOT WRITE IN THIS SPACE**



01112005    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-1411200	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HAYNES, CALDWELL L  
 1049 MAY ST.  
 JACKSONVILLE, FL 32204

**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 \_\_\_\_\_ 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, 2005 Fee will be \$550.00**

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

1000000223401  
 02/10/05-80040-023 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COPPOLA, JOHN R. 1049 MAY ST. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAYNES, CALDWELL L. 1049 MAY ST. JACKSONVILLE, FL
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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)(f), 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:** John R. Coppola, Pres/Deas      2/9/05      904 358-1877  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #