

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90078 005 \*\*\*158.50

**DOCUMENT # F03000003131**

1. Entity Name  
**HAYS & SONS CONSTRUCTION, INC.**



Principal Place of Business Mailing Address  
**757 MURRY ST INDIANAPOLIS, IN 46227**  
**757 MURRY ST INDIANAPOLIS, IN 46227**

2. Principal Place of Business 3. Mailing Address

Suite #, etc. Suite, Apt. #, etc.

City State City & State

Zip Country Zip Country

01122004 Chg-P CR2E034 (10/03)

4. FEI Number 35-1755242 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

**CAPITOL CORPORATE SERVICES, INC.**  
**1333 N. DUVAL ST.**  
**TALLAHASSEE, FL 32303**

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, 2004 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 ☐ Delete  
**P HAYS, MARK E**  
STREET ADDRESS **6611 P OWLSHEAD DR**  
CITY-ST-ZIP **INDIANAPOLIS, IN 46217**

TITLE NAME ☒ Change ☐ Addition  
**HAYS, Mark E.**  
STREET ADDRESS **1326 ESTUARY DR.**  
CITY-ST-ZIP **INDIANAPOLIS, IN 46217**

TITLE NAME ☐ Delete  
**V HAYS, BRIAN R**  
STREET ADDRESS **105 HILLSIDE LANE**  
CITY-ST-ZIP **WHITELAND, IN 46184**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

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:** *by Mark E. Hays, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #