

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F63911

FILED
Apr 15, 2008
Secretary of State

Entity Name: HAYWARD BROWN-FLAGLER, INC.

Current Principal Place of Business:

1545 E HIGHWAY 100
BUNNELL, FL 32110 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1669
BUNNELL, FL 32110 US

New Mailing Address:

FEI Number: 59-2152426 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROWN, RICHARD C PRES
202 SEABREEZE BOULEVARD
DAYTONA BEACH, FL 32018 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROWN, RICHARD C PRES
Address: 656 RIVERSIDE DR.
City-St-Zip: ORMOND BEACH, FL

Title: SVD () Delete
Name: BROWN, DANA V SVP
Address: 735 1/2 N. WILD OLIVE AVE.
City-St-Zip: DAYTONA BEACH, FL

Title: VD () Delete
Name: KELLEY, MICHAEL J
Address: 6868 CR 305
City-St-Zip: BUNNELL, FL

Title: ST () Delete
Name: BROWN, ANNE K
Address: 656 RIVERSIDE DRIVE
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: KELLEY, MICHAEL J
Address: 1463 OLD HAW CREEK ROAD
City-St-Zip: BUNNELL, FL 32110

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE K. BROWN

ST

04/15/2008

Electronic Signature of Signing Officer or Director

_____ Date