


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # G72372 1. Entity Name F/V HAYES DAYS, INC.	
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Principal Place of Business 3250 NAVY BLVD. PO BOX 12346 PENSACOLA, FL 32591	Mailing Address PO BOX 12346 PENSACOLA, FL 32591
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DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2344351	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BIZZELL, THOMAS M. 3250 NAVY BLVD. PENSACOLA, FL 32505

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS BIZZELL, THOMAS M 3250 NAVY BLVD. PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BIZZELL, ROBERT D. 1012 N PALAFOX ST PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Thomas M. Bizzell Thomas M. Bizzell 2/06/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #