


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90038 035 \*\*\*150.00

<b>DOCUMENT # G75006</b> 1. Entity Name <b>HAYDEN &amp; FACCILOLO, P.A.</b>					
Principal Place of Business <b>200 WEST FORSYTH STREET SUITE 417 JACKSONVILLE, FL 32202 US</b>			Mailing Address <b>200 WEST FORSYTH STREET SUITE 417 JACKSONVILLE, FL 32202 US</b>		
2. Principal Place of Business <b>6282-3 Dupont Station Ct E</b> Suite, Apt. #, etc.			3. Mailing Address <b>6282-3 Dupont Station Ct, E</b> Suite, Apt. #, etc.		
City & State <b>Jacksonville FL</b> Zip <b>32217</b>		City & State <b>Jacksonville FL</b> Zip <b>32217</b>		4. FEI Number <b>59-2348188</b>	
Country <b>U.S.</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HAYDEN, CALVIN E. 200 WEST FORSYTH STREET SUITE 417 JACKSONVILLE, FL 32202</b>				7. Name and Address of New Registered Agent Name <b>Calvin E. Hayden</b> Street Address (P.O. Box Number is Not Acceptable) <b>6282-3 Dupont Station Court East</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32217</b>	
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) Signature, typed or printed name of registered agent and title if applicable. DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00.</b>			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>HAYDEN, CALVIN E.</b> <b>200 WEST FORSYTH STREET, SUITE 417</b> <b>JACKSONVILLE, FL 32202</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>Hayden, Calvin E</b> <b>6282-3 Dupont Station Court East</b> <b>Jacksonville, FL 32217</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>FACCILOLO, JAMES V</b> <b>200 WEST FORSYTH STREET, SUITE 417</b> <b>JACKSONVILLE, FL 32202</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>Facciolo, James</b> <b>6282-3 Dupont Station Court East</b> <b>Jacksonville, FL 32217</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>1-6-05</b> Daytime Phone # <b>904-448-6677</b>		

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