


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2008 08:00 AM
Secretary of State

DOCUMENT # G75006 1. Entity Name HAYDEN & FACCILOLO, P.A.	
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Principal Place of Business 6282-3 DUPONT STATION CT E JACKSONVILLE, FL 32217 US	Mailing Address 6282-3 DUPONT STATION CT E JACKSONVILLE, FL 32217 US
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01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2348188	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAYDEN, CALVIN E. 6282-3 DUPONT STATION COURT EAST JACKSONVILLE, FL 32217	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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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	PD HAYDEN, CALVIN E. 6282-3 DUPONT STATION CT E JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FACCILOLO, JAMES V 6282-3 DUPONT STATION CT E JACKSONVILLE, FL 32217
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**DO NOT WRITE
IN THIS SPACE**

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01/08/08-80034-009 150.00

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 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Calvin E. Hayden Date	1-3-08 Daytime Phone #
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