



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90048 007 ***150.00

DOCUMENT # H64321 1. Entity Name HAYES PHOTOGRAPHY, INC.					
Principal Place of Business 1921 KUDZA ROAD WEST PALM BEACH, FL 33415 US			Mailing Address 1921 KUDZA ROAD WEST PALM BEACH, FL 33415 US		
2. Principal Place of Business 102 Hammocks Ct. Suite, Apt. #, etc.		3. Mailing Address 102 Hammocks Ct Suite, Apt. #, etc.			
City & State Greenacres, FL Zip 33413 Country US		City & State Greenacres, FL Zip 33413 Country US		4. FEI Number 59-2636431	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HAYES, JACK R. 1921 KUDZA ROAD WEST PALM BEACH, FL 33415			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 102 Hammocks Ct. City Greenacres FL Zip Code 33413		
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 <u>Jack R. Hayes</u> Jack R. Hayes President Feb 1, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HAYES, JACK R. 1921 KUDZA ROAD WEST PALM BEACH, FL 33415	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Hayes, Jack R 102 Hammocks Ct Greenacres, FL 33413		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HAYES, SUSAN 6742 FOREST HILL BLVD. WEST PALM BEACH, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS Ainsworth, Muriel L. 102 Hammocks Ct Greenacres, FL 33413		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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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: <u>Jack R. Hayes</u> Jack R. Hayes President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Feb 1, 2005 561-969-0262 <small>Date Daytime Phone</small>		