


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # H77535	
1. Entity Name HAYSKAR, WALKER, SCHWERER, DUNDAS & MCCAIN, P.A.	

Principal Place of Business % STEPHEN G. HAYSKAR, PRESIDENT 519 SOUTH INDIAN RIVER DRIVE FORT PIERCE, FL 34950	Mailing Address % STEPHEN G. HAYSKAR, PRESIDENT 519 SOUTH INDIAN RIVER DRIVE FORT PIERCE, FL 34950
--	--

DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2579109	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

**HAYSKAR, STEPHEN H
519 SOUTH INDIAN RIVER DRIVE
FORT PIERCE, FL 34950**

**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DATE 02/21/08-80095-021 150.00
---	--	--

10. OFFICERS AND DIRECTORS

TITLE P	HAYSKAR, STEPHEN G
NAME	519 S. INDIAN RIVER DR.
STREET ADDRESS	FORT PIERCE, FL 34950
CITY-ST-ZIP	
TITLE TD	HAYSKAR, STEPHEN G.
NAME	519 S. INDIAN RIVER DR.
STREET ADDRESS	FORT PIERCE, FL 34950
CITY-ST-ZIP	
TITLE S	WALKER, JAMES T.
NAME	519 S. INDIAN RIVER DR.
STREET ADDRESS	FORT PIERCE, FL 34950
CITY-ST-ZIP	
TITLE V	SCHWERER, ROBERT V.
NAME	519 S. INDIAN RIVER DR.
STREET ADDRESS	FORT PIERCE, FL 34950
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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