


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2008 8:00 am
Secretary of State


02-06-2008 90027 040 ***150.00

DOCUMENT # J97916 1. Entity Name C.W. HAYES CONSTRUCTION COMPANY	
---	---

Principal Place of Business 821 EXECUTIVE DR OVIEDO, FL 32765 US	Mailing Address PO BOX 621294 OVIEDO, FL 32762-1294 US
--	--

DO NOT WRITE IN THIS SPACE

400100 -



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2852553	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

HAYES, C. WAYNE
1613 BOBWHITE TR
CHULUOTA, FL 32766

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

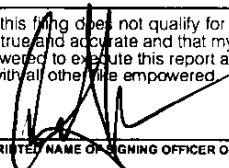
DATE _____

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
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAYES, CHARLES W 1613 BOBWHITE TR CHULUOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DILLWORTH, WILLIAM R 1253 BURNING TREE LANE WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 files empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 1/21/08 Daytime Phone #: 407-366-1564