

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K67609

FILED
Apr 15, 2009
Secretary of State

Entity Name: LAW OFFICES OF TIMOTHY G. HAYES, P.A.

Current Principal Place of Business:

LAKEVIEW PROFESSIONAL CENTER
21859 STATE ROAD 54, SUITE 200
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

LAKEVIEW PROFESSIONAL CENTER
21859 STATE ROAD 54, SUITE 200
LUTZ, FL 33549

New Mailing Address:

FEI Number: 59-2920122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYES, TIMOTHY G.
21859 S.R. 54, SUITE 200
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

HAYES, TIMOTHY G.
21859 S.R. 54, SUITE 200
LUTZ, FL 33549 US

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.

SIGNATURE: TIMOTHY G. HAYES

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: HAYES, TIMOTHY G
Address: 21859 S.R. 54, #200
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY G. HAYES

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date