

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90064 024 ****55.00

| | | | | | |
|--|---|---|---|------------------------------------|--|
| DOCUMENT # L04000009538 | | | | | |
| 1. Entity Name HAYES REMODELING & REPAIR LLC | | | | | |
| Principal Place of Business 4765 ATTAPULGUS HWY QUINCY, FL 32352 US | | | Mailing Address 4765 ATTAPULGUS HWY QUINCY, FL 32352 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-0720104 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent HAYES, PATRICIA 4765 ATTAPUGUS WHY QUINCY, FL 32352 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 <i>Patricia Hayes</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | (NOTE: Registered Agent signature required when re-registering) DATE <i>3/1/05</i> | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HAYES, JOHN W 4765 ATTAPULGUS HWY QUINCY, FL 32352 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HAYES, PATRICIA 4765 ATTAPULGUS HWY QUINCY, FL 32352 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HAYES, PATRICIA 4765 ATTAPULGUS HWY QUINCY, FL 32352 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HAYES, PATRICIA 4765 ATTAPULGUS HWY QUINCY, FL 32352 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HAYES, PATRICIA 4765 ATTAPULGUS HWY QUINCY, FL 32352 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HAYES, PATRICIA 4765 ATTAPULGUS HWY QUINCY, FL 32352 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HAYES, PATRICIA 4765 ATTAPULGUS HWY QUINCY, FL 32352 | <input type="checkbox"/> Delete | | | |
| 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE: <i>John Wayne Hayes</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | DATE <i>3/1/05</i> 850-621-2340 <small>Daytime Phone #</small> | | | |