

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 APR -5 AM 7:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03082005 No Chg-P CR2E034 (10/03)

DOCUMENT # L69346

1. Entity Name
FORREST D. HAYES, P.A.



Principal Place of Business
2625 NATURES WAY
PALM BEACH GARDENS, FL 33410 US

Mailing Address
2625 NATURES WAY
PALM BEACH GARDENS, FL 33410 US

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0191576

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAYES, FORREST D
2625 NATURES WAY
PALM BEACH GARDENS, FL 33410

**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)

900056028509

05/10/05--01051--0009 **150.00
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME HAYES, FORREST D.
STREET ADDRESS 2625 NATURES WAY
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-14-05 561-308-5211