2007 FOR PROFIT CORPORATION ANNUAL REPORT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

STREET ADDRESS

FILED Feb 19, 2007 08:00 AM Secretary of State

| | | | | | C | 00=0 | town of Cto |
|--|---|--|---|---------------------------|------------------------------------|--------------------|-----------------------------------|
| DOCUMENT # P02000014969 1. Entity Name | | | | | 3 | ecre | tary of Sta |
| DALE N. I | HAYES WELDING, INC. | | | | | | |
| Principal Place | e of Business A | failing Address | I | - | | | |
| | | 17882 SE 131 AVENUE Weirsdale, FL 32195 | | | 12 111 2200 11114 1111 1105 | III KAINA MAMANIII | IA ISIIA AHIS IAISSAI I) IRAK |
| | | | · • · · · · · · · · · · · · · · · · · · | | | | |
| DO NOT WRITE IN THIS SPA | | | CE | 02082007 | No Chg-P | CR2E0 | 34 (11/05) |
| | | | | 4. FEI Numbe | | • | Applied For Not Applicable |
| | | | | | of Status Desired | | \$8.75 Additional see Required |
| 6. Name and Address of Current Registered Agent | | | | | | | |
| HAYES, DANIEL E 1211 ANDERSON LANE | | | DO NOT WRITE | | | | |
| LADY LAKE, FL 32159 | | | IN THIS SPACE | | | | |
| | | | | | | | |
| | named entity submits this statement for the ions of registered agent. | purpose of changing its register | ed office or registe | red agent, or bot | h, in the State of Fid | orida. I am f | amiliar with, and accept |
| SIGNATURE_ | Signature, typed or printed name of registered agent and tilk | ed Agent signature require | d when reinstating) | | DATE. | | |
| FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution. | | | | .00 May Be ded to Fees | | | |
| 10. | OFFICERS AND DIRE | CTORS | _ | | | | |
| TITLE NAME | PD HAYES, DANIEL E | | | | | | |
| STREET ADDRESS | 1211 ANDERSON LANE | | | | | | |
| CITY-ST-ZIP | LADY LAKE, FL 32159 | | _ | | | | |
| NAME | VPD HAYES, STEVEN D | | | | U00000 | 0641832 | - -025 150.00 |
| STREET ADDRESS | 17882 S.E. 131RST AVENUE | | | | 03/01/07 | -80015· | -025 150.00 |
| CITY-ST-ZIP | WEIRSDALE, FL 32195 | | 4 | | | | |
| TITLE NAME | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | DO NOT WRITE | | | | |
| TITLE | | • | 1 | IN T | THIS SF | PACE | • |
| NAME Street Address | | | | | | | - |
| CITY-SI-ZIP | | | I | | | | |

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 expowered.

SIGNATURE: Vier Signature and types of printed name of Signing of Ficer on Director Date Date Dayline Priors #