2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 04, 2005 8:00 am
Secretary of State
03-04-2005 90079 016 ***150.00

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1. Entity Name
HAYES REAL ESTATE MARKETING, INC.

66008303

Principal Place of Business	Mailing Address
2311 TRAVIS ROBERT AVENUE VALRICO, FL 33594	2311 TRAVIS ROBERT AVENUE VALRICO, FL 33594

01072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5000 CULBREATH KEY W.	5000 CULBREATH KEY WAY
Suite, Apt. #, etc.: 4-102	Suite, Apt. #, etc.: 4-102
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33611 Country: USA	Zip: 33611 Country: USA

4. FEI Number: 01-0657878 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAYES, BETTY J 2311 TRAVIS ROBERT AVENUE VALRICO, FL 33594	Name Street Address (P.O. Box Number is Not Acceptable): 5000 CULBREATH KEY WAY 4-102 City: TAMPA FL Zip Code: 33611

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: Betty J Hayes DATE
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HAYES, DONALD E JR 2311 TRAVIS ROBERT AVE VALRICO, FL 33594	☐ Delete	VP HAYES, DONALD E. JR. 5000 CULBREATH KEY WAY #4-102 TAMPA FL 33611	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT BETTY J. HAYES 5000 CULBREATH KEY WAY 4-102	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TAMPA FL 33611	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Betty J Hayes President 3-30-05 3-2-05 813-986-1648
SIGNATURE AND TITLE OR PRINTED NAME OF RESIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BETTY J. HAYES, President