2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 07, 2006 8:00 am
Secretary of State
05-01-2006 90415 046 ***150.00

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1. Entity Name
HAYDEN'S GLASS INC

Principal Place of Business	Mailing Address
304 WEST MACCLENNY AVENUE MACCLENNY, FL 32063	304 WEST MACCLENNY AVENUE MACCLENNY, FL 32063

DO NOT WRITE IN THIS SPACE

03172006 No Chg-P CR2E034 (11/05)

4. FEI Number
03-0429628
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HAYDEN, RONALD J
304 WEST MACCLENNY AVENUE
MACCLENNY, FL 32063

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAYDEN, RONALD J
STREET ADDRESS	304 WEST MACCLENNY AVENUE
CITY-ST-ZIP	MACCLENNY, FL 32063
TITLE	S
NAME	HAYDEN, BONNIE
STREET ADDRESS	304 WEST MACCLENNY AVENUE
CITY-ST-ZIP	MACCLENNY, FL 32063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 empowered.

SIGNATURE: Bonnie Hayden 6-5-06 904-259-7701
SIGNATURE AND TYPED OR PRINTED NAME OF REMAINING OFFICER OR DIRECTOR — Date — Daytime Phone #