

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000107901

1. Entity Name
HAYWIRE, INC.



Principal Place of Business
P.O. BOX 348
GONZALEZ FL 32560
US

Mailing Address
P.O. BOX 348
GONZALEZ FL 32560
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 05-0537236

Applied For
Not Applicable

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME
DPVT HINTON, ROBERT H ☐ Delete
STREET ADDRESS
P.O. BOX 348
CITY ST ZIP
GONZALEZ FL 32560

TITLE NAME
S HINTON, MICHELLE D ☐ Delete
STREET ADDRESS
2265 CRICKET RIDGE DRIVE
CITY ST ZIP
CANTONMENT FL 32533

TITLE NAME
☐ Delete
STREET ADDRESS
CITY ST ZIP

TITLE NAME
☐ Delete
STREET ADDRESS
CITY ST ZIP

TITLE NAME
☐ Delete
STREET ADDRESS
CITY ST ZIP

TITLE NAME
☐ Delete
STREET ADDRESS
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY ST ZIP
U000000655212
03/13/07-80097-017 150.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY ST ZIP

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STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ROBERT H. HINTON

03-02-07

250-449-3195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #