

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90103 006 ***150.00

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1. Entity Name

HAYES WORLD DAY CARE & LEARNING CENTER I, INC.



Principal Place of Business

**377 SW LOG DRIVE
PORT ST. LUCIE FL 34953**

Mailing Address

**377 SW LOG DRIVE
PORT ST. LUCIE FL 34953**

2. Principal Place of Business

4333 S.W. Darwin Blvd

3. Mailing Address

4333 S.W. Darwin Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Saint Lucie, FLA

City & State

Port Saint Lucie, FLA

4. FEI Number

48-1299326

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAYES, DOUGLAS
377 SW LOG DRIVE
PORT ST. LUCIE FL 34953**

7. Name and Address of New Registered Agent

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 PD ☐ Delete
NAME HAYES, DOUGLAS
STREET ADDRESS 377 SW LOG DRIVE
CITY-ST-ZIP PORT ST. LUCIE FL 34953

TITLE V ☒ Delete
NAME HAYES, MARY E
STREET ADDRESS 377 SW LOG DRIVE
CITY-ST-ZIP PORT ST. LUCIE FL 34953

TITLE V ☒ Delete
NAME CLAWSON, DEANA C
STREET ADDRESS 2249 SW CREE ROAD
CITY-ST-ZIP PORT ST. LUCIE FL 34953

TITLE S ☒ Delete
NAME JASPER, JOAN M
STREET ADDRESS 215 SW LAMA AVENUE
CITY-ST-ZIP PORT ST. LUCIE FL 34953

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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

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

DOUGLAS HAYES

Date

Daytime Phone #

4-15-04 772-336-9253