

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000045913  
 1. Entity Name  
 Y HAYES ENTERPRISES, INC.



Principal Place of Business      Mailing Address  
 232 SPIRIT LAKE RD W      232 SPIRIT LAKE RD W  
 WINTER HAVEN, FL 33880      WINTER HAVEN, FL 33880

**DO NOT WRITE IN THIS SPACE**



01132005    No Chg-P    CR2E034 (10/03)

4. FEI Number 01-0782990	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
 HAYES, JEFFREY C  
 1492 N LAKE SHIPP DR SW  
 WINTER HAVEN, FL 33880

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**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

U00000328276  
 04/25/05-80072-003 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO HAYES, JEFFREY D 1492 N LAKE SHIPP DR SW WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAYES, YVONNE B 1492 N LAKE SHIPP DR SW WINTER HAVEN, FL 33880
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 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: Yvonne Hayes      YVONNE HAYES      4-14-05      843-297-9180  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #