## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

of the corporation or the receiver or trustee empowered if changed, or on an attachment with an address, with

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## Mar 12, 2007 08:00 AM Secretary of State DOCUMENT # P03000081694 W. L. HAYDEN ENTERPRISES, INC. Principal Place of Business Mailing Address . 395 RALLUS RD 395 RALLUS RD VENICE FL 34293 VENICE FL 34293 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Cily & State 4. FEI Number. 47-0927929 Applied For City & Stato Not Applicable Ζıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desirod Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAYDEN, WILLIAM L 395 RALLUS RD Street Address (P.O. Box Numbor is Not Acceptable) VENICE FL 34293 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HH HIII. Change Addition Delete HAYDEN, WILLIAM L NAME NAME 395 RALLUS RD STREET ADDRESS STREET ADDRESS U00000663387 VENICE FL 34293 CUY-SI-ZIP CITY ST-7IP 03/22/07-80002-907-1512-00002 JUIL ☐ Delete TIME NAME NAME STREET ADDRESS STRELL ADDRESS CHY-SI-ZIP CITY-S1-7IP ☐ Delete Addition THIE HITE NAMI STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-S1-7P HATE ☐ Defete Change ■ Addrtion THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP HIE ☐ Delete TITLE Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SE-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET AODRESS CITY-S1-7IP CITY - ST-7IP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes 1 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 eath; 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 chaptered are an extensive the sections with the effect of the corporation of t

other like empowered.

William L. Hayden

**FILED** 

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