

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90038 018 ***150.00

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1. Entity Name
HAYDA ENTERPRISES, INC.



Principal Place of Business
**1499-A NW AMHERST DRIVE
PORT ST LUCIE, FL 34986**

Mailing Address
**1499-A NW AMHERST DRIVE
PORT ST LUCIE, FL 34986**

24018433



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03052004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number **20-0136457**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**HAYDA, HENRY
1499-A NW AMHERST DRIVE
PORT ST LUCIE, FL 34986**

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**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HAYDA, HENRY**
STREET ADDRESS **1499-A NW AMHERST DRIVE**
CITY-ST-ZIP **PORT ST LUCIE, FL 34986**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **D/P** ☒ Change ☐ Addition
NAME **Hayda, Henry**
STREET ADDRESS **1499-A NW Amherst Drive**
CITY-ST-ZIP **Port St. Lucie, FL 34986**

TITLE **D/T/S** ☒ Change ☒ Addition
NAME **Hayda, Micheline**
STREET ADDRESS **1499-A NW Amherst Dr.**
CITY-ST-ZIP **Port St. Lucie, FL 34986**

TITLE **D/V/P** ☐ Change ☒ Addition
NAME **Hayda, Greg**
STREET ADDRESS **1246 Harwick St. SW**
CITY-ST-ZIP **Palm Bay FL 32907**

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

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: Henry Hayda Pres 3/5/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(772) 871-0739