2005 FOR PROFIT-CORPORATION AMENDED ANNUAL REPORT

AMENDED ANNOAL REPORT				FILED		
DOCUMENT # P03000085487				05		
1. Entity Nam				05 OCT -5	PM 1	
HAYDA ENTERPRISES, INC.				SECT	· " 4: 13	
				SECAL LANGE TALLAHASSEE	d arATE	
Principal Place of Business Mailing Address				- LELANASSEE	FLORITA	
		1499-A NW AMHERST [			под	
PUKI SI LUC	JE, FL 34980	PORT ST LUCIE, FL 349	900			
		1				
2. Principal Place of Business 854 Reading St. SE 854 Read			ng St. SE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		 09132005 Chg-P CR2	E034 (10/03)	
2: 10:						
Palm Bay FL		Palm Ba	y FL	4. FEI Number 20-0136457	Applied For Not Applicable	
32909 Country		Zip _	Country	5. Certificate of Status Desired	\$8.75 Additional	
3290	1 0.011	32909	USH		Fee Required	
	6. Name and Address of Current I	Registered Agent	Name C	7. Name and Address of New Registere	a Agent	
HAYDA, HENRY				Greg B. Hayda		
1499-A NW AMHERST DRIVE PORT ST LUCIE, FL 34986			Street Addres	s (P.O. Box Number is Not Acceptable)		
			8	54 Reading S	+. SF	
City				2) 7	Zipfplana	
8 The above	named entity submits this statement for	r the numose of changing its	registered office or regis	Tered agent, or both, in the State of Florida.	Im familiar with, and accept	
	tions of registered agent.	The purpose of changing its	registered cities of regis	acrod agent, or both, writing state or morida.	IIII Tarrilla Will, and accept	
SIGNATURE.		· (3/v	ea B. Ha	yda, Rea Agent	9/13/05	
GIG/WYTOTIC:	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signature requ	ited when reinstating) DAT	E	
		9. Election Campai	on Financino \$	5.00 May Be		
Am	ended AR is \$61.25	Trust Fund Contr		dded to Fees		
18.	OFFICERS AND	 DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11	
TITLE	DP	Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS	HAYDA, HENRY 1499-A NW AMHERST DRIVE		NAME STREET ADDRESS			
CITY-ST-ZIP	PORT ST LUCIE, FL 34986		CITY-ST-ZIP			
TITLE	DTS	<b>⊠</b> Delete	TITLE		☐ Change ☐ Addition	
NAME	HAYDA, MICHELINE	- 1	NAME	70006026( 10/05/050105601	7777	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	10/05/050105601	.7 <b>*</b> *61.25	
TITLE	DVP	☐ Delete		PSTAR	Mac Change Addition	
NAME	-HAYDA, GREG					
STREET ADDRESS	854 READING ST SE		STREET ADDRESS 8	syda, Greg -6, 54 Reading St. SE alm Bay FL 3290'	ă	
CITY-ST-ZIP	PALM BAY, FL 32909	Пъл	CITY-ST-ZIP	aim 1244 FL 3670	☐ Change ☐ Addition	
TITLE NAME		☐ Delete	NAME		Change C Appk(08)	
STREET ADDRESS			STREET ADDRESS			
CITY-SI-ZIP		<b>—</b>	CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP	***************************************	3	
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS		at .	
CITY-ST-ZIP			CITY-ST-ZIP			
• •. •		this files when not muchiful for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the information	
12. I hereby	certify that the information supplied with	this liling does not quality for	ny signature shall have th	ne same legal effect as if made under oath; the	t Lam an officer or director	
12. I hereby indicated of the co	i on this report or supplemental report is rporation or the receiver or trustee empo	s true and accurate and that n owered to execute this report	ny signature shall have tr as required by Chapter (	ne same legal effect as it made under oath; tha 607, Florida Statutes; and that my name appea	rs in Block 10 or Block 11 if	
12. I hereby indicated of the co	i on this report or supplemental report is	s true and accurate and that n owered to execute this report	ny signature shall have tr as required by Chapter (	ne same legal effect as if made under dath; tha 607, Florida Statutes; and that my name appear	rs in Block 10 or Block 11 if	
12. I hereby indicated of the co	on this report or supplemental report is provation or the receiver or trustee empt, or on an attachment with an address,	strue and accurate and that no owered to execute this report with all other like empowered.	ny signature shall have to as required by Chapter ( GB. Hayd	ne same legal effect as if made under oath; tha 607, Florida Statutes; and that my name appear	is in Block 10 or Block 11 if 321)	
12. I hereby indicated of the co-changed	on this report or supplemental report is provation or the receiver or trustee empt, or on an attachment with an address,	s true and accurate and that n owered to execute this report	ny signature shall have to as required by Chapter ( GB. Hayd	ne same legal effect as if made under dath; tha 607, Florida Statutes; and that my name appear	rs in Block 10 or Block 11 if	