

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000092176

FILED  
Apr 04, 2006  
Secretary of State

Entity Name: HAYES RISK SERVICES, INC.

**Current Principal Place of Business:**

P.O. BOX 600259  
JACKSONVILLE, FL 32260 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 600259  
JACKSONVILLE, FL 32260 US

**New Mailing Address:**

FEI Number: 20-0165740      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONNER, STEVEN W  
1106 PARK AVENUE  
ORANGE PARK, FL 32073 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HAYES, RON  
Address: P.O. BOX 600259  
City-St-Zip: JACKSONVILLE, FL 32260 US

Title: VP ( ) Delete  
Name: HAYES, RON  
Address: P.O. BOX 600259  
City-St-Zip: JACKSONVILLE, FL 32260 US

Title: SEC ( ) Delete  
Name: HAYES, KAREN J  
Address: P.O. BOX 600259  
City-St-Zip: JACKSONVILLE, FL 32260 US

Title: TREA ( ) Delete  
Name: HAYES, KAREN J  
Address: P.O. BOX 600259  
City-St-Zip: JACKSONVILLE, FL 32260 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON HAYES

PRES

04/04/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date