

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000092176

FILED  
Feb 17, 2011  
Secretary of State

Entity Name: HAYES RISK SERVICES, INC.

**Current Principal Place of Business:**

196 ELMWOOD DRIVE  
JACKSONVILLE, FL 32259 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

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: RONALD J HAYES

PRES

02/17/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date