

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90136 026 \*\*\*150.00

<b>DOCUMENT # P03000114203</b> 1. Entity Name <b>HAYES CLEANING SERVICE, INC.</b>					
Principal Place of Business 2720 PLEASURE LANE ST. AUGUSTINE, FL 32084			Mailing Address 2720 PLEASURE LANE ST. AUGUSTINE, FL 32084		
2. Principal Place of Business <i>2720 Pleasure Lane</i>		3. Mailing Address Suite, Apt. #, etc. <i>St. Aug. FL</i>			
City & State <i>St. Aug. FL</i>		City & State City & State		4. FEI Number <b>20-0305054</b>	
Zip <i>32084</i> Country <i>St. Johns</i>		Zip <i>32084</i> Country <i>USA</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04152005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>HAYES, WINDY</b> <b>2720 PLEASURE LN</b> <b>ST. AUGUSTINE, FL 32084</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <i>Windy Hayes</i> <span style="float: right;">4-29-05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HAYES, WINDY 2720 PLEASURE LANE ST. AUGUSTINE, FL 32084	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAYES, WINDY 2720 PLEASURE LANE ST. AUGUSTINE, FL 32084	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>Windy Hayes</i> <i>2720 Pleasure Lane</i> <i>St. Aug. FL 32084</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Windy Hayes</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Windy Hayes</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>4-29-05</i> <span style="float: right;">669-3177</span> <small>Daytime Phone #</small>			