


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90014 043 ***150.00

DOCUMENT # P03000139147

1. Entity Name
HAYSE HOMES INC.



Principal Place of Business
**2732 WEEKS AVENUE
 NAPLES, FL 34112 US**

Mailing Address
**2732 WEEKS AVENUE
 NAPLES, FL 34112 US**

2. Principal Place of Business - No P.O. Box #
3047 KAREN DR.

3. Mailing Address
3047 KAREN DR.

Suite, Apt. #, etc.



03022008 Chg-P CR2E034 (12/06)

City & State
NAPLES, FL

City & State
NAPLES, FL

Zip Country
34112 US

Zip Country
34112 US

4. FEI Number
27-0072607

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
HAYSE, RICHARD A
2732 WEEKS AVENUE
NAPLES, FL 34112

7. Name and Address of New Registered Agent
 Name **HAYSE, RICHARD A**
 Street Address (P.O. Box Number is Not Acceptable)
3047 KAREN DR
 City **NAPLES** FL Zip Code **34112**

Same agent w/new address

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 **Richard A. Hayse P** *Richard A Hayse* **4-7-08**
Signature, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAYSE, RICHARD A 2732 WEEKS AVENUE NAPLES, FL 34112	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAYSE, RICHARD A 3047 KAREN DR NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KELLY, DEBRA A 2732 WEEKS AVENUE NAPLES, FL 34112	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KELLY, DEBRA A 4033 GUAYA DR NAPLES, FL 34104
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **Richard A. Hayse** *Richard A Hayse* **4-7-08** **239-404-3354**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #