

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90114 017 ***150.00

DOCUMENT # P03000145225					
1. Entity Name HAYES INSURANCE, INC.					
Principal Place of Business 2474 37TH AVENUE NORTH ST PETERSBURG, FL 33713			Mailing Address 2474 37TH AVENUE NORTH ST PETERSBURG, FL 33713		
2. Principal Place of Business		3. Mailing Address P.O. Box 976			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State PINELLAS PARK, FLORIDA		4. FEI Number 59-3392586	
Zip		Country		Applied For Not Applicable	
33781		PINELLAS		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAYES, CATHY L 2474 37TH AVENUE NORTH ST PETERSBURG, FL 33713			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code		
FL			FL		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
Trust Fund Contribution.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P,VP	NAME HAYES, CATHY L		<input type="checkbox"/> Delete		
STREET ADDRESS 2474 37TH AVENUE NORTH	CITY-ST-ZIP ST PETERSBURG, FL 33713		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S,T	NAME HAYES, CATHY L		<input type="checkbox"/> Delete		
STREET ADDRESS 2474 37TH AVENUE NORTH	CITY-ST-ZIP ST PETERSBURG, FL 33713		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Cathy L Hayes</i>			1-19-2006 727-546 7750		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		