## 2007 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Apr 02, 2007 08:00 AM DOCUMENT # P03000145225 **Secretary of State** HAYES INSURANCE, INC. Principal Place of Business Mailing Address 2474 37TH AVENUE NORTH POB 976 ST PETERSBURG, FL 33713 PINELLAS PARK, FL 33781 02152007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3392586 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HAYES, CATHY L DO NOT WRITE 2474 37TH AVENUE NORTH ST PETERSBURG, FL 33713 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS P,VP TITLE NAME HAYES, CATHY L 2474 37TH AVENUE NORTH STREET ADDRESS CITY-ST-ZIP ST PETERSBURG, FL 33713 S,T TITLE HAYES, CATHY L NAME STREET ADDRESS 2474 37TH AVENUE NORTH U000000884778 CITY-ST-ZIP ST PETERSBURG, FL 33713 04/06/07-80045-017 150.00 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

<u>3.28.2007</u>

727-577-7905