

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Feb 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000084254

1. Entity Name
HAYES ROOFING AND SHEETMETAL, INC.



Principal Place of Business
**902 ACAIA AVE
LEHIGH ACRES, FL 33936**

Mailing Address
**902 ACAIA AVE
LEHIGH ACRES, FL 33936**



02142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 40-0186529	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HAYES, JOHN M
902 ACAIA AVE
LEHIGH ACRES, FL 33936**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

**U00000441950
03/03/06-80055-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HAYES, JOHN M
STREET ADDRESS	902 ACAIA AVE
CITY-ST-ZIP	LEHIGH ACRES, FL 33936

TITLE	D
NAME	HAYES, JONATHAN W
STREET ADDRESS	5813 SE 8 AVE
CITY-ST-ZIP	LEHIGH ACRES, FL 33904

TITLE	D
NAME	HAYES, CARRIE J
STREET ADDRESS	1109 VINEYARD PL
CITY-ST-ZIP	LEHIGH ACRES, FL 33936

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: John M. Hayes **JOHN M. HAYES** 2-16-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #