


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90292 001 ***129.00
 06-05-2006 90292 002 ****21.00

DOCUMENT # P04000101602

1. Entity Name
 DAVID HAYES, INC.



Principal Place of Business
 300 PALM DR
 FLAGLER BEACH, FL 32136

Mailing Address
 300 PALM DRIVE
 FLAGLER BEACH, FL 32136

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



05162006 Chg-P CR2E034 (11/05)

4. FEI Number
 55-0874162

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
 1203 GOVERNORS SQUARE BLVD
 SUITE 101
 TALLAHASSEE, FL 32301-2960

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HAYES, DAVID	
STREET ADDRESS	300 PALM DR	
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	
TITLE	V	<input type="checkbox"/> Delete
NAME	HAYES, DAVID	
STREET ADDRESS	300 PALM DR	
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAYES, DAVID	
STREET ADDRESS	300 PALM DR	
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAYES, DAVID	
STREET ADDRESS	300 PALM DR	
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYES, DAVID	
STREET ADDRESS	300 PALM DR	
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: David Hayes **6/5/06**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #