

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000101602

Entity Name: DAVID HAYES, INC.

FILED
Jul 03, 2007
Secretary of State

Current Principal Place of Business:

300 PALM DR
FLAGLER BEACH, FL 32136

New Principal Place of Business:

Current Mailing Address:

300 PALM DRIVE
FLAGLER BEACH, FL 32136

New Mailing Address:

FEI Number: 55-0874162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

HAYES, DAVID P
300 PALM DRIVE
FLAGLER BEACH, FL 32136 US

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.

SIGNATURE: DAVID HAYES

07/03/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAYES, DAVID
Address: 300 PALM DR
City-St-Zip: FLAGLER BEACH, FL 32136

Title: V (X) Delete
Name: HAYES, DAVID
Address: 300 PALM DR
City-St-Zip: FLAGLER BEACH, FL 32136

Title: S (X) Delete
Name: HAYES, DAVID
Address: 300 PALM DR
City-St-Zip: FLAGLER BEACH, FL 32136

Title: T (X) Delete
Name: HAYES, DAVID
Address: 300 PALM DR
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D (X) Delete
Name: HAYES, DAVID
Address: 300 PALM DR
City-St-Zip: FLAGLER BEACH, FL 32136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID HAYES

PRES

07/03/2007

Electronic Signature of Signing Officer or Director

Date