

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90058 040 ***150.00

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02212005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000115098																			
1. Entity Name HAYS ELECTRIC INC																			
Principal Place of Business 1162 BINNEY DR #B FT. PIERCE, FL 34949			Mailing Address 1162 BINNEY DR #B FT. PIERCE, FL 34949																
2. Principal Place of Business 1154 Bayshore Drive Suite, Apt. #, etc.		3. Mailing Address 1154 Bayshore Drive Suite, Apt. #, etc.		4. FEI Number 11-3724551 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable												
Applied For																			
Not Applicable																			
City & State Ft. Pierce, FL		City & State Ft. Pierce, FL																	
Zip 34949		Country St. Lucie																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent HAYS, DAVID 1162 BINNEY DR #B FT. PIERCE, FL 34949			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Hays, David</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">1154 Bayshore Drive</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">FL</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Zip Code</td> </tr> <tr> <td colspan="2" style="padding: 2px;">34949</td> </tr> </table>			Name		Hays, David		Street Address (P.O. Box Number is Not Acceptable)		1154 Bayshore Drive		City	FL	Zip Code		34949	
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Street Address (P.O. Box Number is Not Acceptable)																			
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City	FL																		
Zip Code																			
34949																			
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 \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D HAYS, DAVID <input type="checkbox"/> Delete 1162 BINNEY DR #B FT. PIERCE, FL 34949		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hays, David 1154 Bayshore Drive Ft. Pierce, FL 34949															
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete HAYS, DAVID 1162 BINNEY DR #B FT. PIERCE, FL 34949		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Hays, Christopher 1162 Binney Drive #A Ft. Pierce, FL 34949															
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S <input type="checkbox"/> Delete REEVES, MELISSA 1162 BINNEY DR #B FT. PIERCE, FL 34949		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Reeve, Melissa 1154 Bayshore Drive Ft. Pierce, FL 34949															
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 exemption stated in Section 119.07(3)(i), 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>David Hays</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			321-05 72-461-1424 Date Daytime Phone #																