


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90097 040 ***150.00

DOCUMENT # P04000145277

1. Entity Name
WALT & DEE HAYWARD INC.



Principal Place of Business
**4923 CELIA CIRCLE W
 LAKELAND, FL 33813**

Mailing Address
**PO BOX 825
 HIGHLAND CITY, FL 33846**

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

3. Mailing Address
6538 TREASURE OAKS
 Suite, Apt. #, etc.

City & State
TALLAHASSEE, FL.

Zip
32309

Country
U.S.



04042006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent
**HAYWARD, DELORES D
 4923 CELIA CIRCLE W
 LAKELAND, FL 33813**

4. FEI Number
75-3189499

Applied For
 Not Applicable

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAYWARD, WALTER E 4923 CELIA CIRCLE W LAKELAND, FL 33813	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAYWARD, DELORES D 4923 CELIA CIRCLE W LAKELAND, FL 33813	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Walter E. Hayward **WALTER E. HAYWARD** 4-17-06 850-893-8874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #