## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED **DOCUMENT # P05000002710** Jul 14, 2008 08:00 AM 1. Entity Name KENNY HAYSLETT, P.A. **Secretary of State** Principal Place of Business Mailing Address 17 SUNSET BAY DRIVE 17 SUNSET BAY DRIVE BELLEAIR, FL 33756 BELLEAIR, FL 33756 07092008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2119881 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HAYSLETT, JAMES DO NOT WRITE 1431 MAPLE FOREST RD CLEARWATER, FL 33764 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. Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 12, 2008 10. OFFICERS AND DIRECTORS **PRES** TITLE HAYSLETT, KENNY NAME STREET ADDRESS 17 SUNSET BAY DRIVE U00000954662 CITY-ST-ZIP BELLEAIR, FL 33756 07/14/08-80009-023 150.00 SECR TITLE NAME HAYSLETT, JENNIFER STREET ADDRESS 17 SUNSET BAY DRIVE CITY-ST-ZIP BELLEAIR, FL 33756 TREA TITLE NAME HAYSLETT, LEAH STREET ADDRESS 17 SUNSET BAY DRIVE DO NOT WRITE CITY-ST-ZIP BELLEAIR, FL 33756 IN THIS SPACE TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

KEN NY HAYSLETT. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

JULY 9,2008

Daytime Phone #

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

t hereby certify that the information indicated on this report or suppler

of the corporation or the receiver changed, or on an attachment w