

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000067921

FILED  
Apr 14, 2006  
Secretary of State

Entity Name: HAYES & TOMON CONSTRUCTION, INC.

**Current Principal Place of Business:**

14220 SE 152 PLACE  
WEIRSDALE, FL 32195

**New Principal Place of Business:**

**Current Mailing Address:**

14220 SE 152 PLACE  
WEIRSDALE, FL 32195

**New Mailing Address:**

FEI Number: 20-2821794

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAYES, JASON  
14220 SE 152 PLACE  
WEIRSDALE, FL 32195 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HAYES, JASON  
Address: 14220 SE 152 PLACE  
City-St-Zip: WEIRSDALE, FL 32195

Title: VP ( ) Delete  
Name: TOMON, BRUCE A JR  
Address: 39848 CR 452  
City-St-Zip: LEESBURG, FL 34788

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: JASON K. HAYES

PD

04/14/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date