## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P05000075876

1. Entity Name HAYES G WOOD PA



**FILED** Aug 30, 2007 08:00 Al Secretary of State

Principal Place of Business

9500 SOUTH DADELAND BLVD

**SUITE 510** MIAMI, FL 33156 Mailing Address

9500 SOUTH DADELAND BLVD **SUITE 510** MIAMI, FL 33156



DO NOT WRITE IN THIS SPACE

07162007 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

WOOD, HAYES G 9500 SOUTH DADELAND BLVD **SUITE 510** MIAMI, FL 33156

DO NOT WRITE 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. Need or printed name of registered agent and tibe if applicable. (NOTE: Registered Agent signature required when reinstable) 03/30/07-30004-019-15000  |   |  |   |               |  |  |
|   | LE NOWIII FEE IS \$150.00<br>ue by September 14, 2007                           | Election Campaign Fina     Trust Fund Contribution |   |               | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | OFFICERS AND DIRE P WOOD, HAYES G 9500 SOUTH DADELAND BLVD, SUI MIAMI, FL 33156 |  | - |               |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | VP<br>WOOD, HAYES G<br>9500 SOUTH DADELAND BLVD, SUITE 510<br>MIAMI, FL 33156   |  |   | DO NOT WRITE  |  |  |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP   |   |  |   |               |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |   | IN THIS SPACE |  |  |
| TITLE NAME SIREET ADDRESS CITY-ST-ZIP   |   |  |   |               |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |   |               |  |  |

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 eath; that I am an officer or director of the corporation or the receiptr 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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