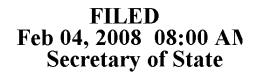# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000160749

1. Entity Name
HAYWORTH, CHANEY & THOMAS, P.A.

Principal Place of Business	Mailing Address
202 N HARBOR CITY BLVD SUITE 300 MELBOURNE, FL 32935	202 N HARBOR CITY BLVD SUITE 300 MELBOURNE, FL 32935

DO NOT WRITE IN THIS SPACE

01042008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-3927865	Not Applicable

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

6. Name and Address of Current Registered Agent

H.C.T. RIVERSIDE, INC.
202 N HARBOR CITY BLVD
SUITE 300
MELBOURNE, FL 32935

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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 title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

H0000081300? 02/13/08-80022-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	HAYWORTH, MICHAEL S
STREET ADDRESS	202 N HARBOR CITY BLVD, STE 300
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	DVPT
NAME	CHANEY, GLEN E
STREET ADDRESS	202 N HARBOR CITY BLVD, STE 300
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	DVP
NAME	THOMAS, STEPHEN C
STREET ADDRESS	202 N HARBOR CITY BLVD, STE 300
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _Michael Hayworth_ Pres   Michael S. Hayworth, Pres   1/31/08   (321) 253-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #