

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-05-2007 90096 050 ***150.00

DOCUMENT # P06000095315 1. Entity Name HAYES ADVISORY SERVICES, INC.					
Principal Place of Business 2247 SPRINGRAIN DR. CLEARWATER FL 33763 US			Mailing Address 2247 SPRINGRAIN DR. CLEARWATER FL 33763 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 56-2600666	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent FESHBACH, KURT N 33 N. GARDEN AVE., SUITE 770 CLEARWATER FL 33755				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 (not applicable) (Not Filled) Registered Agent signature is not required when registering				9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	P HAYES, STEVEN L 2247 SPRINGRAIN DR. CLEARWATER FL 33763	☐ Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	S HAYES, PAULA M 2247 SPRINGRAIN DR. CLEARWATER FL 33763	☐ Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Paula Hayes</i> Paula Hayes 1-24-07 727/213-1741 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					