

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90036 001 ***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
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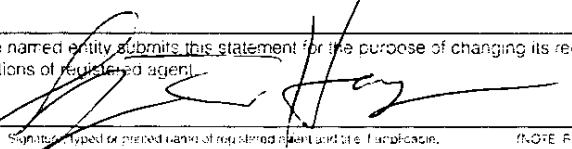


2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 4929	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Clearwater, FL	
Zip	Country	Zip	Country
33758	USA	33758	USA

1st MOORE CR2E034 (10/07)

4. FEI Number 56-2600666		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
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 Steven L. Hayes Street Address (P.O. Box Number is Not Acceptable) 2247 Springrain Dr. City Clearwater FL Zip Code 33763

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.

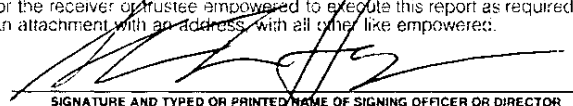
SIGNATURE  DATE **26 Jan 08**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAYES, PAULA M 2247 SPRINGRAIN DR. CLEARWATER FL 33763 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  DATE **26 Jan 08** 727-213-1741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR