

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90026 015 \*\*\*150.00

<b>DOCUMENT # P07000054496</b> 1. Entity Name <b>HAYDEN &amp; ASSOCIATES, INC.</b>			
Principal Place of Business <b>21301 S. TAMiami TRAIL #320 PMB 335 ESTERO, FL 33928</b>		Mailing Address <b>21301 S. TAMiami TRAIL #320 PMB 335 ESTERO, FL 33928</b>	
2. Principal Place of Business - No P.O. Box # <b>8359 Beacon Blvd</b> Suite, Apt. #, etc. <b>Suite 213</b> City & State <b>Fort Myers FL</b> Zip <b>33907</b> Country		3. Mailing Address <b>8359 Beacon Blvd</b> Suite, Apt. #, etc. <b>Suite 213</b> City & State <b>Fort Myers FL</b> Zip <b>33907</b> Country	
4. FEI Number <b>13-4361676</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HAYDEN, KENNETH W 16280 SNAPDRAGON LANE FORT MYERS, FL 33912</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 <u><b>Kenneth W. Hayden</b></u> DATE <u><b>7-7-08</b></u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE <b>P</b> NAME <b>Kenneth W. Hayden</b> STREET ADDRESS <b>16280 Snapdragon Ln.</b> CITY- ST- ZIP <b>Fort Myers FL 33912</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE <b>VP</b> NAME <b>Dion R Mastersen</b> STREET ADDRESS <b>9846 Country Oaks Dr.</b> CITY- ST- ZIP <b>Fort Myers FL 33907</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><b>Dion R Mastersen</b></u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u><b>Dion R Mastersen</b></u>	
Date <u><b>7-7-08</b></u>		Daytime Phone # <u><b>239-489-4890</b></u>	