

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000099953

FILED  
Feb 26, 2010  
Secretary of State

**Entity Name:** MICHAEL P. HAYMANS, ATTORNEY AT LAW, P.A.

**Current Principal Place of Business:**

215 WEST OLYMPIA AVENUE  
PUNTA GORDA, FL

**New Principal Place of Business:**

**Current Mailing Address:**

215 WEST OLYMPIA AVENUE  
PUNTA GORDA, FL

**New Mailing Address:**

FEI Number: 27-1475301

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAYMANS, MICHAEL P ESQ  
215 WEST OLYMPIA AVENUE  
PUNTA GORDA, FL US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVPS  
Name: HAYMANS, MICHAEL P ESQ  
Address: 215 WEST OLYMPIA AVENUE  
City-St-Zip: PUNTA GORDA, FL

Title: TD  
Name: HAYMANS, MICHAEL P ESQ  
Address: 215 WEST OLYMPIA AVENUE  
City-St-Zip: PUNTA GORDA, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL P. HAYMANS

PVPS

02/26/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date