

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2004 08:00 AM
Secretary of State**

DOCUMENT # P92000000664

1. Entity Name
PHOENIX HAYES, INC.



Principal Place of Business
**3020 FAIRLANE FARMS RD
SUITE ONE
WELLINGTON, FL 33414 US**

Mailing Address
**3020 FAIRLANE FARMS RD.
SUITE ONE
WELLINGTON, FL 33414 US**

DO NOT WRITE IN THIS SPACE



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0358411

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HAYES, DAN
6141 GUN CLUB ROAD
WEST PALM BEACH, FL 33415**

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IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000134260
04/28/04-80012-010 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAYES, DAN
STREET ADDRESS	6141 GUN CLUB ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE	VP
NAME	HAYES, ROY
STREET ADDRESS	3285 SANTA BARBARA DR.
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	S
NAME	HAYES, CARL T. JR.
STREET ADDRESS	224 N. W. AVE. I
CITY-ST-ZIP	BELLE GLADE, FL 33430
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 exemption stated in Section 119.07(3)(i), 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: **DAN HAYES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2004 **(561) 791-8166**
Date Daytime Phone #