2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <

## Apr 12, 2006 08:00 AM Secretary of State DOCUMENT # P94000094242 1: Entity Name HAYES BALL TRUCKING, INC. Principal Place of Business Mailing Address 1508 DELIA AVENUE ORLANDO FL 32809 1508 DELIA AVENUE ORLANDO FL 32809 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number: 59-3287537 Not Applicable Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BALL, HAYES S Street Address (P.O. Box Number is Not Acceptable) 1508 DELIA AVENUE ORLANDO FL 32809 City 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 Signature, typed or printed name of registered agent and bits if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550,00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 The same of 7177.1 PSTD ☐ Cefete TITLE □ Change NAME BALL, HAYES S NAME U00000503612 STREET ADDRESS 1508 DELIA AVENUE STREET ADDRESS 04/26/06-80038-014 150.00 CRY-ST-ZP ORLANDO FL 32809 CITY-ST-ZIP TITLE ☐ Delete TITLE Chance ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P SHEE ☐ Delote TITLE ☐ Chance Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP THE ☐ Defete TILLE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

Hours S. BALL

**FILED** 

407-9256668