


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90200 016 \*\*\*150.00

<b>DOCUMENT # P95000026160</b> 1. Entity Name <b>ROBIN HAYES INC.</b>					
Principal Place of Business <b>225 OTIS RD JACKSONVILLE, FL 32220 US</b>			Mailing Address <b>225 OTIS RD RT 2 BOX 882 JACKSONVILLE, FL 32220 US</b>		
2. Principal Place of Business		3. Mailing Address <b>225 Otis Road</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Jacksonville, FL</b>		4. FEI Number <b>59-3306683</b>	
Zip <b>32220</b>	Country	Zip <b>32220</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HAYES, ROBIN D. P 225 OTIS RD JACKSONVILLE, FL 32220</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAYES, ROBIN D 25 OTIS ROAD BRYCEVILLE, FL 32009 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAYES, ROBIN D. 225 OTIS ROAD JACKSONVILLE, FL 32220 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, SUZANNE H 225 OTIS ROAD BRYCEVILLE, FL 32009 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE, FL 32220 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBIN, HAYES D 225 OTIS RD JACKSONVILLE, FL 32220 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUZANNE, HAYES H 225 OTIS RD JACKSONVILLE, FL 32220 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	
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	
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: <i>Robin D. Hayes</i> <b>pres</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-26-04 904-509-8508 <small>Date Daytime Phone #</small>		

Attachment

54040702

<b>ROBIN D. HAYES, INC.</b>		#17500026160
<b>AUTHORIZED DEALER FOR SNAP ON TOOLS</b>		6359
225 OTIS RD 246-3309 JAX, FL 32220		63-943/831
DATE <u>4-26-4</u>		
PAY TO THE ORDER OF <u>Florida Dept of State</u>	\$ <u>150.00</u>	
<u>One hundred fifty and 00/100</u>	DOLLARS	Security Features Details on Back
SOUTHTRUST BANK JACKSONVILLE, FL <u>593306683</u>		
FOR <u>2004 Corporation Annual Report</u> <u>John D. Hayes pres</u>		MP
⑆063109430⑆ 80 288 701⑆ 6359		

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