

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000026160

Entity Name: ROBIN HAYES INC.

FILED
Dec 02, 2009
Secretary of State**Current Principal Place of Business:**225 OTIS RD
JACKSONVILLE, FL 32220 US**New Principal Place of Business:****Current Mailing Address:**225 OTIS RD
JACKSONVILLE, FL 32220 US**New Mailing Address:**

FEI Number: 59-3306683

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:HAYES, ROBIN D
225 OTIS RD
JACKSONVILLE, FL 32220 US**Name and Address of New Registered Agent:**HAYES, SUZANNE H
225 OTIS RD
JACKSONVILLE, FL 32220 US

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: SUZANNE H. HAYES

12/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: DPT () Delete
Name: HAYES, ROBIN D
Address: 225 OTIS RD.
City-St-Zip: JACKSONVILLE, FL 32220Title: DVPS (X) Delete
Name: HAYES, SUZANNE H
Address: 225 OTIS ROAD
City-St-Zip: JACKSONVILLE, FL 32220**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: DPTS (X) Change () Addition
Name: HAYES, SUZANNE H
Address: 225 OTIS RD.
City-St-Zip: JACKSONVILLE, FL 32220Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUZANNE H. HAYES

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12/02/2009

Electronic Signature of Signing Officer or Director

Date