# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 05, 2009**
**Secretary of State**

DOCUMENT# P96000082480

**Entity Name:** HAYMAT, INC.

**Current Principal Place of Business:**

BADCOCK FURNITURE
CORNER PARKER AND MAIN ST
CROSS CITY, FL 32628

**New Principal Place of Business:**

131 NW 256TH AVE.
CROSS CITY, FL 32628 US

**Current Mailing Address:**

P O BOX 1238
CROSS CITY, FL 32628

**New Mailing Address:**

P O BOX 1296
CROSS CITY, FL 32628 US

**FEI Number: 59-3405553** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

ANDERSON, MATTIE L
16302 S E HWY 19
P.O. BOX 1238
CROSS CITY, FL 32628 US

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

ANDERSON, MATTIE L
131 NW 256TH AVE.
CROSS CITY, FL 32628 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: MATTIE L. ANDERSON 03/05/2009
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: ANDERSON, MATTIE L
Address: P.O. BOX 1238
City-St-Zip: CROSS CITY, FL 32628

Title: DT (X) Delete
Name: ANDERSON, MATTIE L
Address: P O BOX 1238 N/A
City-St-Zip: CROSS CITY, FL

Title: DVP (X) Delete
Name: ANDERSON, HAYWARD C
Address: P O BOX 1238 N/A
City-St-Zip: CROSS CITY, FL

Title: DS (X) Delete
Name: ANDERSON, ARLON L
Address: P O BOX 2819 N/A
City-St-Zip: HIGH SPRINGS, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPST (X) Change ( ) Addition
Name: ANDERSON, MATTIE L
Address: P.O. BOX 1296
City-St-Zip: CROSS CITY, FL 32628 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) 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: MATTIE L. ANDERSON P 03/05/2009
Electronic Signature of Signing Officer or Director Date