



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 31, 2005 08:00 AM  
Secretary of State

<b>DOCUMENT # P97000104501</b> 1. Entity Name <b>HAYES LAWN SERVICE, INC.</b>					
Principal Place of Business <b>7110 NORTH HIGHWAY 95A MOLINO FL 32577</b>			Mailing Address <b>7110 NORTH HIGHWAY 95A MOLINO FL 32577</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		  1st MOORE      CR2E034 (10/04)	
City & State		City & State			
Zip      Country		Zip      Country			
4. FEI Number <b>59-3493746</b>		Applied For <input type="checkbox"/> Not Applicable			
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, BILLY 7110 NORTH HIGHWAY 95A MOLINO FL 32577</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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution <input type="checkbox"/> <b>Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	<b>PO</b> <b>HAYES, BILLY R JR</b> <b>7110 N HWY 95A</b> <b>MOLINA FL 32577</b>	<input type="checkbox"/> Delete	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;">             U00000368550              05/31/05-80005-020 150.00           </div>		
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
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STREET ADDRESS					
CITY - ST - ZIP					
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.</b>					
<b>SIGNATURE:</b> <i>Billy R Hayes Jr</i> <b>Billy R Hayes Jr</b> <b>5-22-05</b> <b>587-4183</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					