2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCH	MENT # P970001045	SCHORT (AR	1	- A p	r 10, 200	5 08:00	AM
1. Entity Nan		,		à	Secretary	of State	e
HAYES L	AWN SERVICE, INC.	•					
Principal Place of Business		Mailing Address					
7110 NORTH HIGHWAY 95A MOLINO FL 32577		7110 NORTH HIGHWAY 95A MOLINO FL 32577					
2. Principal Place of Business		3. Mailing Address				ing mark many bill maint h	(B)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st 8	MOORE CR	2E034 (10/05)	
City & State		City & State		4. FEI Number	59-3493746	← ⊢	pphed For ot Applicable
Zip	Country	Zîp	Country	5. Certificate of	Status Desired [\$8.75 Add	ditional
	6. Name and Address of Curren	t Registered Agent		7. Name and A	ddress of New Regis		
HAYES, BILLY			Name				
711	0 NORTH HIGHWAY 95A LINO FL 32577	Street Address		s (P.O. Box Number	is Not Acceptable)		
	ENTO 1 E 02017		City			FL Zip Cod	le
6. The above the obligations of the signature.	e named entity submits this statement tions of registered agent. Signature, types or protect name of registered agent.		1 registered office or regist		in the State of Florida.	1 am familiar with,	and accep
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.0 k Payable to Florida Department	and the state of t	•		Election Campaign I Trust Fund Contribu	inancing \$5. l	00 May Be
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/C	IANGES TO OFFICER	S AND DIRECTOR	SINII
ime	PO	☐ Delele	TITCE		}	☐ Change	
NAME STREET ADDRESS	HAYES, BILLY R JR 7110 N HWY 95A		NAME STREET ADDRESS				
CITY-ST-ZIP	MOLINA FL 32577		CITY-ST-ZIP				
TITLE MAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THILE NAME STREEL ADDRESS CITY-ST-2IP	O-	U0000049917 724706-8001	78 □ Change 3-006 150.0	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defele	TOTLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addillion
TITLE NAME STREFT ADDRESS CITY-SI-ZIP		☐ Delete	TITCE NAME STREET ADDRESS CHY-ST-ZP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition Addition
name Street address Gity-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CSTY-ST-ZIP			☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not quality 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 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: Tilly P. Ha

Billy R. Haves Jr. 4-6-06

6-06 850-587-41