

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000075978

1. Entity Name
HAYES ENTERPRISES, INC.



Principal Place of Business
**2320 THE WOODS DR. WEST
JACKSONVILLE, FL 32246**

Mailing Address
**2320 THE WOODS DR. WEST
JACKSONVILLE, FL 32246**

DO NOT WRITE IN THIS SPACE



01082004

000000

000000000000

4. FEI Number
59-3530537

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 00000000
00000000

6. Name and Address of Current Registered Agent

**HAYES, DENNIS E ESQ.
2320 THE WOODS DR WEST
JACKSONVILLE, FL 32246**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 000000
00000000

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | D |
| NAME | HAYES, DENNIS E |
| STREET ADDRESS | 2320 THE WOODS DR. WEST |
| CITY- ST- ZIP | JACKSONVILLE, FL 32246 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

**DO NOT WRITE
IN THIS SPACE**

000000009442
01/21/04-80011-020 150.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/04

Date

904/221-3135

Daytime Phone #