

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90092 017 \*\*\*150.00

**DOCUMENT # P98000084804**

1. Entity Name  
**HAYES-BOSWORTH CORPORATION**



Principal Place of Business  
2104 SELKIRK LANE  
LAKELAND, FL 33813

Mailing Address  
2104 SELKIRK LANE  
LAKELAND, FL 33813

**20048060**



03152006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**58-3582340**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

HAYES, ROBERT W  
2104 SELKIRK LANE NW  
LAKELAND, FL 33813

**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

**ROBERT M. HAYES**

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

(NOTE: Registered Agent signature required when reinstating)

**4/02/06**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HAYES, ROBERT M  
2104 SELKIRK LANE NW  
LAKELAND, FL 33813

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DA  
MCKAY, ROBERT M  
305 MONTROSE DR.  
GREENSBORO, NC 27410

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AD  
DONHAM, CHARLES L  
723 HIGHLAND KNOLL CT.  
BATON ROUGE, LA 70810

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DA  
DELACAMPA, JOSE  
7660 53RD COURT  
MIAMI, FL 33143

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

**4/02/06**  
Date

Daytime Phone #