

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90091 002 ***158.75

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1. Entity Name
HAYES-BOSWORTH CORPORATION



Principal Place of Business
**2104 SELKIRK LANE
LAKELAND, FL 33813**

Mailing Address
**2104 SELKIRK LANE
LAKELAND, FL 33813**

60025049



2. Principal Place of Business - No P.O. Box #

5304 S. FLORIDA AVE

Suite, Apt. #, etc.

SUITE 400

City & State

LAKELAND, FLORIDA

Zip

Country

3. Mailing Address

5304 S. FLORIDA AVE

Suite, Apt. #, etc.

SUITE 400

City & State

LAKELAND, FLORIDA

Zip

Country

03122007

Chg-P

CR2E034 (12/06)

4. FEI Number

58-3582340

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **AD**
STREET ADDRESS **DONHAM, CHARLES L.**
CITY-ST-ZIP **2286 ROYAL TROON COURT
ZACHARY, LA 70791**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

13 MAR 07 363/647-2555