


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000094059

1. Entity Name
HAYERLOCK FURNITURE CO., INC.



Principal Place of Business Mailing Address

**7866 MENDOZA DR.
 JACKSONVILLE, FL 32217** **7866 MENDOZA DR.
 JACKSONVILLE, FL 32217**

DO NOT WRITE IN THIS SPACE



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3543370 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BEARD, DARLENE
 7866 MENDOZA DR.
 JACKSONVILLE, FL 32217**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be
 Added to Fees**

UN00000334303
 04/27/05-80032-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSTP BEARD, DARLENE 7866 MENDOZA DR. JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BEARD, ROBERT E 7866 MENDOZA DR. JACKSONVILLE, FL 32217
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 IN THIS SPACE**

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 of 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: Darlene Beard Darlene Beard 4/25/05 904-737-8378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #