2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 22, 2005 8:00 am
Secretary of State
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1. Entity Name
HAYS MARINE SERVICE AND SUPPLIES, INC.

Principal Place of Business	Mailing Address
61 BEAL PKWY SE FORT WALTON BEACH, FL 32548	P.O. BOX 1118 FORT WALTON BEACH, FL 32549

66012287

01282005 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3616914
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HAYS, NORMAN M (61 Beal Pkwy SE)
~~P.O. BOX 1118~~
~~FORT WALTON BEACH, FL 32549~~ Fort Walton Beach, FL (32548)

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	HERNDON, JEFF
STREET ADDRESS	P.O.BOX 1118
CITY-ST-ZIP	FORT WALTON BEACH, FL 32549
TITLE	Secretary
NAME	Samantha Domingo-Hays
STREET ADDRESS	P.O. Box 1118
CITY-ST-ZIP	Fort Walton Beach, FL 32549
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	

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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] Norman M Hays 3/29/05 850 243 2973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #