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May 05, 2006 8:00 am
Secretary of State

05-05-2006 90154 026 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P99000104788

1. Entity Name:
HAYS MARINE SERVICE AND SUPPLIES, INC.



Principal Place of Business: **61 BEAL PKWY SE
 FORT WALTON BEACH, FL 32548**

Mailing Address: **P.O. BOX 1118
 FORT WALTON BEACH, FL 32549**



04212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FTA Number: **59-3616914** Applied For: ☐ Not Applicable

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

6. Name and Address of Current Registered Agent:
**HAYS, NORMAN M
 61 BEAL PKWY SE
 FORT WALTON BEACH, FL 32548**

**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: _____ 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:

NAME	S
NAME	DOMINGO-HAYS, SAMANTHA
STREET ADDRESS	P.O. BOX 1118
CITY, ST, ZIP	FORT WALTON BEACH, FL 32549
NAME	President
STREET ADDRESS	Norman Hays
CITY, ST, ZIP	P.O. Box 1118
NAME	Fort Walton Beach, FL 32549
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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 furnished 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 as an attachment with an address, with all other like empowerment.

SIGNATURE: _____

SIGNATURE AND TYPE OR PRINTED NAME OF DOMINGO OFFICER OR DIRECTOR

Norman Hays

4/24/06

850-243-7873