


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90237 025 \*\*\*150.00

<b>DOCUMENT # S06870</b> 1. Entity Name <b>HAYES PROPERTY MANAGEMENT, INC.</b>					
Principal Place of Business <b>190 OAK MANOR DR. CAPE CANAVERAL, FL 32920</b>			Mailing Address <b>32 WEST POINT DRIVE COCOA BEACH, FL 32931</b>		
2. Principal Place of Business		3. Mailing Address <b>190 Oak Manor Dr.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Cape Canaveral, FL</b>			
Zip	Country	Zip <b>32920</b>	Country <b>US</b>	4. FEI Number <b>59-3035627</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For - Not Applicable	
6. Name and Address of Current Registered Agent  <b>GOULD, HOWARD M 32 WEST POINT DRIVE COCOA BEACH, FL 32931</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2150 N. Indian River Dr.</b> City <b>Cocoa</b> FL Zip Code <b>32922</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOULD, HOWARD M 32 WEST POINT DRIVE COCOA BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2150 N. Indian River Dr. Cocoa, FL 32922</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOULD, BETTY T 32 WEST POINT DRIVE COCOA BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2150 N. Indian River Dr. Cocoa, FL 32922</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>Betty T Gould</b>			Date: <b>April 18, 2005</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		