

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V03804

FILED
Mar 12, 2008
Secretary of State

Entity Name: LA HAYE AND ASSOCIATES, INC.

Current Principal Place of Business:

16719 WOODBERRY WAY
CLERMONT, FL 34714 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 160476
ALTAMONTE SPRINGS, FL 32716 US

New Mailing Address:

16719 WOODBERRY WAY
CLERMONT, FL 34714 US

FEI Number: 59-3128320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LA HAYE, PHILIP A
16719 WOODBERRY WAY
CLERMONT, FL 34714 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D, P () Delete
Name: LA HAYE, PHILIP A
Address: 16719 WOODBERRY WAY
City-St-Zip: CLERMONT, FL 34714

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D, V () Change (X) Addition
Name: LA HAYE, JUDITH L
Address: 16719 WOODBERRY WAY
City-St-Zip: CLERMONT, FL 34714

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP A. LA HAYE

PRES

03/12/2008

Electronic Signature of Signing Officer or Director

Date