

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002047

Entity Name: H.A.L.O. FOUNDATION, INC.

FILED  
Apr 23, 2008  
Secretary of State

## Current Principal Place of Business:

4918 W LINEBAUGH AVE  
TAMPA, FL 33624

## New Principal Place of Business:

## Current Mailing Address:

4918 W LINEBAUGH AVE  
TAMPA, FL 33624

## New Mailing Address:

FEI Number: 90-0054357

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

O'BANION, ROSS H JR  
4918 W LINEBAUGH AVE  
TAMPA, FL 33624 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

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ALBANO, ROBERT  
Address: 209 S GUNLOCK  
City-St-Zip: TAMPA, FL 33609

Title: P ( ) Delete  
Name: SMITH, TREVOR  
Address: 4045 COUNTRYSIDE WAY  
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete  
Name: SWEENEY, MIKE  
Address: 4903 W BAY WAY DRIVE  
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete  
Name: OLIGARO, MAX  
Address: 719W INDIANA AVENUE  
City-St-Zip: TAMPA, FL 33603

Title: D (X) Delete  
Name: MAY, CLIFFORD  
Address: 10408 GROVE LANE  
City-St-Zip: ODESSA, FL 33556

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ALBANO, ROBERT  
Address: 209 S GUNLOCK  
City-St-Zip: TAMPA, FL 33609

Title: V (X) Change ( ) Addition  
Name: MAY, CLIFFORD  
Address: 10408 GROVE LANE  
City-St-Zip: ODESSA, FL 33556

Title: T (X) Change ( ) Addition  
Name: SWEENEY, MIKE  
Address: 4903 W BAY WAY DRIVE  
City-St-Zip: TAMPA, FL 33629

Title: S (X) Change ( ) Addition  
Name: OLIGARO, MAX  
Address: 719W INDIANA AVENUE  
City-St-Zip: TAMPA, FL 33603

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT ALBANO

P

04/23/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date