


FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90098 014 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 181518			
1. Entity Name HALES FARMS, INC.			
Principal Place of Business 6575 NE 80TH AVE OKEECHOBEE, FL 34972 US		Mailing Address PO BOX 2027 OKEECHOBEE, FL 34973 US	
2. Principal Place of Business - No P.O. Box # 8863 Highway 70 E		3. Mailing Address Suite, Apt. #, etc.	
City & State Okeechobee, FL		City & State	
Zip 34972	Country US	Zip	Country
4. FEI Number 59-0997023		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03142008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent HALES, RICHARD J 9095 HWY 70 E OKEECHOBEE, FL 34972		7. Name and Address of New Registered Agent Name Debra S. Sales Street Address (P.O. Box Number is Not Acceptable) 8863 Highway 70 East City Okeechobee FL Zip Code 34972	
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 Debra S. Sales X <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PO <input checked="" type="checkbox"/> Delete NAME HALES RICHARD J. STREET ADDRESS 6575 NE 80TH AVE CITY-ST-ZIP OKEECHOBEE, FL		TITLE D/P/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Debra S. Sales STREET ADDRESS 8863 Highway 70 E CITY-ST-ZIP Okeechobee, FL 34972 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP <input type="checkbox"/> Delete NAME SALES, DEBRA S STREET ADDRESS 9095 HWY 70 E CITY-ST-ZIP OKEECHOBEE, FL 34972		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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 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: Debra S. Sales, President X <i>Debra S. Sales</i> 4/22/08 863 6348375 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			