

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90006 043 \*\*\*150.00

**DOCUMENT # 221931**

1. Entity Name

F.H. HALE & ASSOCIATES, INC.



Principal Place of Business

5650 PARK BLVD. STE. 1  
PINELLAS PARK FL 33781-3354  
US

Mailing Address

5650 PARK BLVD. STE. 1  
PINELLAS PARK FL 33781-3354  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-0869762**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALE, FRED H  
5650 PARK BLVD. STE. 1  
PINELLAS PARK FL 33781-3354

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP		TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP	
PD	HALE, FRED H	5650 PARK BLVD STE 1	PINELLAS PARK FL	33781-3354	<input type="checkbox"/> Delete								<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD	ROUSE, LINDA	5650 PARK BLVD STE 1	PINELLAS PARK FL	33781-3354	<input type="checkbox"/> Delete								<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Delete								<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Delete								<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Delete								<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Delete								<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #