


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 426803</b> 1. Entity Name <b>HALES AMUSEMENTS, INC.</b>	
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Principal Place of Business <b>HIGHWAY 70 EAST POST OFFICE BOX 1395 OKEECHOOEE, FL 34973</b>	Mailing Address <b>HIGHWAY 70 EAST POST OFFICE BOX 1395 OKEECHOOEE, FL 34973</b>
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01192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1463241</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>HALES, SUE 1964 S.W. 3RD. ST. OKEECHOBEE, FL 34974</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

000000114058  
04/15/04-80034-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GODWIN, ALIENE 3655 S.E. 32ND LANE OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HALES, DEBRA S. 9095 HWY 70 E OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALES, SUE 1964 S.W. 3RD. ST. OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KARLA S. HALES 1964 S.W. 3RD ST. OKEECHOBEE, FL 34973
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Debra S. Hales  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-04 803  
763-7384  
Date Daytime Phone #