2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 426803

1. Entity Name
HALES AMUSEMENTS, INC.

Principal Place of Business	Mailing Address
HIGHWAY 70 EAST POST OFFICE BOX 1395 OKEECHOBEE, FL 34973	HIGHWAY 70 EAST POST OFFICE BOX 1395 OKEECHOBEE, FL 34973

DO NOT WRITE IN THIS SPACE

01192005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1463241
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HALES, SUE
1964 S.W. 3RD. ST.
OKEECHOBEE, FL 34974

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

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

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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: Willma S. Hales 1·20·05 863·763·7384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #