2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 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

04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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 _____

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U00000529858
05/05/06-80094-008 150.00

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	

DO NOT WRITE IN THIS SPACE

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. Hales Debra S Sales 4-18-06 8637637384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date