


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # 426803 1. Entity Name HALES AMUSEMENTS, INC.		
Principal Place of Business HIGHWAY 70 EAST POST OFFICE BOX 1395 OKEECHOOE, FL 34973	Mailing Address HIGHWAY 70 EAST POST OFFICE BOX 1395 OKEECHOOE, FL 34973	



03052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1463241	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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: _____ (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, 2007 Fee will be \$550.00**

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

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	

U00000659857
03/19/07-80003-016 150.00

**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 or other like empowered.

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

3-5-07 8637637384
Date Daytime Phone #