2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 426803

Entity Name: HALES AMUSEMENTS, INC.

FILED Jul 01, 2009 Secretary of State

Current Principal Place of Business: HIGHWAY 70 EAST POST OFFICE BOX 1395 OKEECHOEE, FL 34973			New Principal Place	New Principal Place of Business: HIGHWAY 70 EAST 1605 S PARROTT AVE OKEECHOEE, FL 34974	
			1605 S PARROTT AV		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	/ 70 EAST FICE BOX 1399 DEE, FL 34973				
FEI Number	: 59-1463241	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and Address o	f New Registered Agent:	
HALES, SI 1964 S.W. OKEECHO		74 US			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electron	nic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	VD () HALES ROBY, 1906 SW 5TH A OKEECHOBEE	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () HALES, DEBRA 9095 HWY 70 E OKEECHOBEE	≣	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () HALES, SUE 1964 S.W. 3RD OKEECHOBEE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	TD () KARLA S. HALE 1964 S.W. 3RD		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: DERAS SALES SEC 07/01/2009

OKEECHOBEE, FL 34973

City-St-Zip: