2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 588273

Title:

Name:

Address:

City-St-Zip:

DP

() Delete

ALTAMONTE SPGS, FL 32714

AHLBERG, DONALD,

190 VARSITY CIR

Entity Name: HALLIDAY PRODUCTS, INC.

FILED Mar 02, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6401 EDGEWATER DR. ORLANDO, FL 32810 **Current Mailing Address: New Mailing Address:** 6401 EDGEWATER DR. ORLANDO, FL 32810 FEI Number: 59-1854869 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AHLBERG, DON 190 VARSITY CIRCLE ALTAMONTE SPRINGS, FL 32714 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition HALLIDAY, DOUGLAS, Name: Name: 4050 GOLFSIDE DR Address: Address: City-St-Zip: ORLANDO, FL City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: COPELY, CHARLES. Name: 1157 VALLEY CREEK RUN Address: Address: WINTER PARK, FL City-St-Zip: City-St-Zip: Title: (X) Change () Addition Title: () Delete DV HALLIDAY, CHRIS HALLIDAY, CHRIS Name: Name: 161 KENTUCKY BLUE CIRCLE 6151 LINNEAL BEACH DRIVE Address: Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DON AHLBERG DP 03/02/2005

() Change () Addition