


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90356 020 ***150.00

DOCUMENT # 602287


1. Entity Name
ALFRED H. HALLIBURTON JR., D.D.S., P.A.



Principal Place of Business
ONE DOCTOR'S LANE
LAKE WALES, FL 33853

Mailing Address
ONE DOCTOR'S LANE
LAKE WALES, FL 33853

DO NOT WRITE IN THIS SPACE



03282004 No Chg-P CR2E034 (10/03)

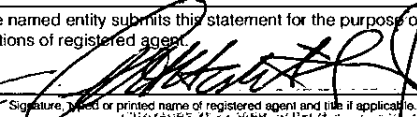
4. FEI Number 59-1304162	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALLIBURTON, A.H.(D.D.S.)
ONE DOCTOR'S LANE
LAKE WALES, FL 33853

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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: 04/15/04

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, 2004 Fee will be \$550.00

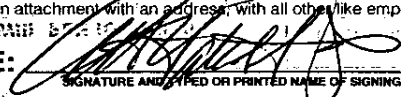
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HALLIBURTON, A.H.(D.D.S)
STREET ADDRESS	ONE DOCTOR'S LANE
CITY-ST-ZIP	LAKE WALES, FL
TITLE	VST
NAME	HALLIBURTON, JANE C.
STREET ADDRESS	ONE DOCTOR'S LANE
CITY-ST-ZIP	LAKE WALES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:  A.H. Halliburton DATE: 04/15/04 (863) 676-2213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR