


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 602287**  
1. Entity Name  
**ALFRED H. HALLIBURTON JR., D.D.S., P.A.**



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

**DO NOT WRITE IN THIS SPACE**



02042005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**59-1304162**      Not Applicable

5. Certificate of Status Desired            **\$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**

**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 \_\_\_\_\_  
Signature type in the printed name of registered agent and title if applicable. (NOTE: Registered Agent signature requires a witness notating DATE)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$350.00**

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

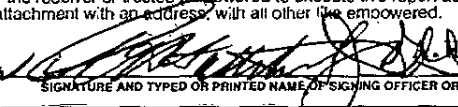
1000000284290  
04/01/05-80060-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	P HALLIBURTON, A.H.(D.D.S.) ONE DOCTOR'S LANE LAKE WALES, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	VST HALLIBURTON, JANE C. ONE DOCTOR'S LANE LAKE WALES, FL
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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)(f), 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:**  **Halliburton**      **03/24/05** (863)676-2213  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      DAYTIME PHONE #