2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 673588

FILED Jan 14, 2004 Secretary of State

Entity Name: HALKEY-ROBERTS CORPORATION

Littly Name. HALRET-ROBERTS CORPORATION						
Current Principal Place of Business:				New Principal Place of Business:		
11600 9TH STREET NORTH ST. PETERBSURG, FL 337162397 US				11600 DR M L KING JR ST NORTH ST. PETERBSURG, FL 337162397 US		
Current Mailing Address:				New Mailing Address:		
11600 9TH STREET NORTH ST. PETERBSURG, FL 337162397 US				11600 DR M L KING JR ST NORTH ST. PETERBSURG, FL 337162397 US		
FEI Number:	: 59-2013247	FEI Number Applied For()	FEI Nur	nber Not Appl	icable ()	Certificate of Status Desired ()
Name and	Address of C	Current Registered Agent:		Name and	Address	of New Registered Agent:
1200 SOU	ORATION SYS TH PINE ISLA ON, FL 33324	ND RD.				
	named entity e of Florida.	submits this statement for th	e purpose c	of changing i	ts registere	ed office or registered agent, or both,
SIGNATU	RE:					
	Electror	nic Signature of Registered /	Agent			Date
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	V (LECCEARDON 11600 9TH STE ST PETERSBU	REET NORTH		Title: Name: Address: City-St-Zip:		(X) Change () Addition DONE, LEWIS M L KING JR ST NORTH SBURG, FL
Title: Name: Address: City-St-Zip:	V (X PALUS, EDWA 11600 9TH ST ST. PETERSBU	NORTH		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	V (STRICKLAND, 1 ALLENTOWN ALLEN, TX 75	PARKWAY		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	C (BATTAT, EMILI 1 ALLENTOWN ALLEN, TX 75	PARKWAY		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	V (LUCIUS, JOHN 11600 9TH STI ST PETERSBU			Title: Name: Address: City-St-Zip:	V LUCIUS, JO 11600 DR I ST PETERS	M L KING JR ST NORTH
Title: Name: Address: City-St-Zip:	V (BOWLING, JAM 11600 9TH STE ST PETERSBU	REET NORTH		Title: Name: Address: City-St-Zip:	V BOWLING, 11600 DR I ST PETERS	M L KING JR ST NORTH

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.

SIGNATURE: JAMES BOWLING V 01/14/2004