

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90345 044 ***150.00

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1. Entity Name
HALKEY-ROBERTS CORPORATION



Principal Place of Business
**11600 DR M L KING JR ST NORTH
ST. PETERBSURG, FL 33716-2397 US**

Mailing Address
**11600 DR M L KING JR ST NORTH
ST. PETERBSURG, FL 33716-2397 US**

40043000



03212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2013247

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE V
NAME LECCEARDONE, LEWIS
STREET ADDRESS 11600 DR M L KING JR ST NORTH
CITY-ST-ZIP ST PETERSBURG, FL

TITLE V
NAME STRICKLAND, JEFFERY
STREET ADDRESS 1 ALLENTOWN PARKWAY
CITY-ST-ZIP ALLEN, TX 750024211

TITLE C
NAME BATTAT, EMILE
STREET ADDRESS 1 ALLENTOWN PARKWAY
CITY-ST-ZIP ALLEN, TX 750024211

TITLE V
NAME LUCIUS, JOHN
STREET ADDRESS 11600 DR M L KING JR ST NORTH
CITY-ST-ZIP ST PETERSBURG, FL

TITLE V
NAME BOWLING, JAMES
STREET ADDRESS 11600 DR M L KING JR ST NORTH
CITY-ST-ZIP ST PETERSBURG, FL

TITLE P
NAME David Battat
STREET ADDRESS 11600 Dr. M L King Jr St North
CITY-ST-ZIP St. Petersburg, FL

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID BATTAT PRESIDENT 3/21/2006 (813) 577-1300