


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000001369
1. Entity Name
F. E. HALE MFG. CO.



Principal Place of Business
120 BENSON PLACE
FRANKFORT, NY 13340

Mailing Address
PO BOX 186
FRANKFORT, NY 13340

DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number
15-0330340

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RIDER, EDDIE
8 AUGUSTA TRAIL
PALM COAST, FL 32137

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENSON, JAMES 120 BENSON PLACE FRANKFORT, NY 13340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENSON, JON G 120 BENSON PLACE FRANKFORT, NY 13340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BENSON, STELLA 120 BENSON PLACE FRANKFORT, NY 13340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENSON, JOHN A 120 BENSON PLACE FRANKFORT, NY 13340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: James Benson President Date: 2/28/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #