


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
120 BENSON PLACE **PO BOX 186**
FRANKFORT, NY 13340 **FRANKFORT, NY 13340**

DO NOT WRITE IN THIS SPACE



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
15-0330340 Not Applicable

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

6. Name and Address of Current Registered Agent
RIDER, EDDIE
6 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, 2006 Fee will be \$550.00

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

U00000512901
04/29/06-80092-024 150.00

10. OFFICERS AND DIRECTORS

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|--|--|
| 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 | |

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: James Benson President April 10, 2006 (315) 894-5490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #