## ~2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 14, 2005 08:00 AM DOCUMENT # F04000003111 **Secretary of State** WILLIAM S. HALE CONSULTING, INC. Principal Place of Business Mailing Address 1028 S ADAMS ST 1028 S ADAMS ST LANCASTER, WI 53813 LANCASTER, WI 53813 03082005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 39-1021971 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HALE, WILLIAM S DO NOT WRITE 1651 SAND KEY ESTATES CT, NO 58 CLEARWATER, FL 33767 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 little if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS CP TITLE NAME HALE, WILLIAM S STREET ADDRESS 1028 S ADAMS ST City-ST-ZIP LANCASTER, WI 53813 TITLE U00000261977 NAME 03/14/05-80033-022 150.00 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-77P

2. 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

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