2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000005964

1. Entity Name
HALCROW, INC.

Principal Place of Business	Mailing Address
4010 BOY SCOUT BOULEVARD, SUITE 580 TAMPA, FL 33607	4010 BOY SCOUT BOULEVARD, SUITE 580 TAMPA, FL 33607

DO NOT WRITE IN THIS SPACE

01092006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1902591
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STOCKBERGER, TODD
4010 BOY SCOUT BOULEVARD, SUITE 580
TAMPA, FL 33607

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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 _____ 2/15/06
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

U00000475543
04/05/06-80019-021 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WOTTON, JOHN H
STREET ADDRESS	THE OCTAGON, 35 BAIRD STREET
CITY-ST-ZIP	GLASGOW, UK G40EE, XX
TITLE	VD
NAME	PADRON, DENNIS V
STREET ADDRESS	22 CORTLANDT STREET, 33RD FLOOR
CITY-ST-ZIP	NEW YORK, NY 10007
TITLE	SD
NAME	JUNOLD, HELGA E
STREET ADDRESS	22 CORTLANDT STREET, 33RD FLOOR
CITY-ST-ZIP	NEW YORK, NY 10007
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____ 3/8/06 212 608 4963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #