

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90178 045 ***150.00

DOCUMENT # F52531

1. Entity Name
HALE, MCGEE AND ASSOCIATES, INC.



Principal Place of Business
**883 W. GRANADA BLVD.
ORMOND BEACH, FL 32174**

Mailing Address
**883 W. GRANADA BLVD.
ORMOND BEACH, FL 32174**

50044606



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-2134782

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCGEE, SHARON
37 CHINA MOON DRIVE
ORMOND BEACH, FL 32174**

Name

Street Address (P.O. Box Number is Not Acceptable)

1470 CARLOW Circle

City **ORMOND Bch.**

FL

Zip Code **32174**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **MCGEE, SHARON A**
STREET ADDRESS **37 CHINA MOON DRIVE**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE ☐ Change ☐ Addition
NAME **1470 CARLOW Circle**
STREET ADDRESS **ORMOND Bch, FL 32174**
CITY-ST-ZIP **ORMOND Bch, FL 32174**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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: **Sharon McGee Beckenbrough**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/05

386-62-6742