

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G53307

**FILED**  
**Jan 13, 2005**  
**Secretary of State**

**Entity Name:** THE HALFORD COMPANY

**Current Principal Place of Business:**

220 S PALAFAX ST  
PENSACOLA, FL 32501 US

**New Principal Place of Business:**

220 PALAFOX PLACE  
PENSACOLA, FL 32502 US

**Current Mailing Address:**

PO DRAWER 12684  
PENSACOLA, FL 32591 US

**New Mailing Address:**

PO DRAWER 12684  
PENSACOLA, FL 32574 US

**FEI Number:** 59-2406247

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HALFORD, DOUGLAS C.  
220 SOUTH PALAFAX ST  
PENSACOLA, FL 32501 US

**Name and Address of New Registered Agent:**

HALFORD, DOUGLAS C.  
220 PALAFOX PLACE  
PENSACOLA, FL 32502 US

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.

SIGNATURE:

01/13/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HALFORD, DOUGLAS C.,  
Address: 220 SOUTH PALAFAX STREET  
City-St-Zip: PENSACOLA, FL 32501

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HALFORD, DOUGLAS C.,  
Address: 220 PALAFOX PLACE  
City-St-Zip: PENSACOLA, FL 32502

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS C. HALFORD

PD

01/13/2005

Electronic Signature of Signing Officer or Director

Date