


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # G83643
 1. Entry Name
HALE AGENCY & ASSOCIATES, INC.



Principal Place of Business Mailing Address
100 S.E. NIGHTINGALE **P.O. BOX 1929**
KEYSTONE HEIGHTS, FL 32656 **KEYSTONE HTS, FL 32656**

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FCI Number
59-2376374 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
HALE, LYNDEL M
7744 HIGHWAY 100
KEYSTONE HEIGHTS, FL 32656

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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 _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	PD HALE, LYNDEL M P.O. BOX 1929 N/A KEYSTONE HEIGHTS, FL 32656
TITLE NAME STREET ADDRESS CITY ST ZIP	VP HALE, TRACY Y P.O. BOX 1929 N/A KEYSTONE HEIGHTS, FL 32656
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 another like empowered.

SIGNATURE: Lyndel M. Hale Lyndel M. Hale 4/30/04 4737530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day Phone #