## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H89014

**Entity Name:** J & E HALE ENTERPRISES, INC.

**FILED** Mar 01, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5171 YACHT CL 20 3508 RIVIERE DU CHIEN LOOP NORTH JACKSONVILLE, FL 32210

MOBILE, AL 36693

**Current Mailing Address: New Mailing Address:** 

5171 YACHT CLUB RD 3508 RIVIERE DU CHIEN LOOP NORTH

JAX, FL 32210 US MOBILE, AL 36693

FEI Number: 59-2856444 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HALE, ELEANOR H HALE, JOSEPH W 5171 YACHT CLUB RD 398 SOUTH NARANJA

JACKSONVILLE, FL 32210 US PORT ST. LUCIE, FL 34983 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: JOSEPH W. HALE 03/01/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

HALE, ELEANOR H., HALE, JOSEPH W Name: Name: 5171 YACHT CLUB RD 398 SOUTH NARANJA Address: Address: City-St-Zip: JACKSONVILLE, FL City-St-Zip: PORT ST. LUCIE, FL 34983

DP Title: Title: ( ) Delete (X) Change ( ) Addition

Name: HALE, ELEANOR H., Name: CRAIG, ELODIE H

5171 YACHT CLUB RD 3508 RIVIERE DU CHIEN LOOP NORTH Address: Address: JACKSONVILLE, FL MOBILE, AL 36693 City-St-Zip: City-St-Zip:

Title: Title: ( ) Delete D (X) Change ( ) Addition

BETHEA, ELODIE H WEED, LESLIE H Name: Name: 3864 BALTIC ST 412 PONTE VEDRA BLVD. Address: Address: City-St-Zip: JACKSONVILLE, FL City-St-Zip: PONTE VEDRA BLVD., FL 32082

Title: (X) Delete Title: () Change () Addition

HALE, JOSEPH W Name: Name: Address: 398 NARANJA Address: City-St-Zip: PT ST LUCIE, FL City-St-Zip:

Title: (X) Delete Title: () Change () Addition

Name: WEED, LESLIE H Name: 38 POTE VEDRA CIR Address: Address: City-St-Zip: PONTE VEDRA, FL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ELODIE H. CRAIG D 03/01/2009