

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90114 001 ***150.00
01-14-2008 90114 002 *****8.75

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01092008 Chg-P CR2E034 (12/06)

DOCUMENT # J17734 1. Entity Name HALEY CONSTRUCTION, INC.					
Principal Place of Business 900 ORANGE AVE. DAYTONA BEACH, FL 32114			Mailing Address 900 ORANGE AVE. DAYTONA BEACH, FL 32114		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2684678	
5. Certificate of Status Desired ☒				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HALEY, DANIEL H. 900 ORANGE AVE DAYTONA BEACH, FL 32114				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when terminating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P HALEY, DAN 15 GRANVILLE CIRCLE DAYTONA BEACH, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	900 Orange Avenue Daytona Beach, Florida 32114
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S HALEY, TERRY GRANVILLE CIRCLE DAYTONA BEACH, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	900 Orange Avenue Daytona Beach, Florida 32114
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP HALEY, PHILLIP 15 GRANVILLE CR. DAYTONA BEACH, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	900 Orange Avenue Daytona Beach, Florida 32114
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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: _____				1-9-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				386-944-0470	