2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K53977

1. Entity Name
JOHN HALEY, P.A.

Principal Place of Business	Mailing Address
% JOHN HALEY	% JOHN HALEY
1607 N.E. 4TH PLACE	1607 N.E. 4TH PLACE
FT. LAUDERDALE, FL 33301	FT. LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE

01042004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0091409	Not Applicable

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

6. Name and Address of Current Registered Agent

HALEY, JOHN
1607 N.E. 4TH PLACE
FT. LAUDERDALE, FL 33301

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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_____

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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000072906
03/02/04-80012-020 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	D	
NAME	HALEY, JOHN	
STREET ADDRESS	1607 N.E. 4TH PLACE	
CITY-ST-ZIP	FT. LAUDERDALE, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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IN THIS SPACE

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: _~~John Haley~~_ JOHN HALEY   02/27/2004 954-463-6964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #