

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90028 037 \*\*\*150.00

**DOCUMENT # L06012**  
 1. Entity Name  
**HALE GROUP, INC.**



Principal Place of Business      Mailing Address  
 % STEPHEN C. HALE, III      P O BOX 700217  
 9255 U.S. NO. 1      WABASSO FL 32970  
 WABASSO FL 32970

**44015964**



MOORE CR2E034 (11/03)

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

*efo Susan Hale*  
*PO BOX 700217*  
*Wabasso, FL*  
*32970 USA*

4. FEI Number      Applied For  
**65-0139535**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**HALE, STEPHEN C III**  
**9255 U.S. NO. 1**  
**WABASSO FL 32970**

7. Name and Address of New Registered Agent  
 Name *Susan Hale*  
 Street Address (P.O. Box Number is Not Acceptable)  
*9255 U.S. No. 1*  
 City *Wabasso*      **FL**      Zip Code *32970*

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 *Susan B. Hale, Director*      Date *2-27-04*  
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**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HALE, STEPHEN C III	
STREET ADDRESS	1160 ADMIRALS WALK	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALE, SUSAN B	
STREET ADDRESS	PO BOX 3849 N/A	
CITY-ST-ZIP	VERO BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALE, A DEXTER	
STREET ADDRESS	13 17TH AVE. SOUTH	
CITY-ST-ZIP	GREAT FALLS MT	
TITLE	D	<input type="checkbox"/> Delete
NAME	FARROW, MARIANNE H	
STREET ADDRESS	THE MANOR, STAVERTON	
CITY-ST-ZIP	NORTHHAMPTONSHIRE EN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Susan B. Hale*      *Susan B. Hale*      Date *2-27-04*      Daytime Phone # *772-581-7741*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR